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26 MARCH 1992



**FOREIGN
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JPRS Report

Epidemiology

Epidemiology

JPRS-TEP-92-006

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[Recent materials on AIDS is being published separately in a later issue.]

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ANGOLA

Deaths Registered in Bie From Various Diseases

92WE0226B Luanda JORNAL DE ANGOLA
in Portuguese 9 Jan 92 p 3

[Text] At least 212 people died between January and November of last year in Bie Province (central Angola) of endemic diseases, ANGOP was informed by a reliable source.

According to the source, 77 people died of malaria, 46 of diarrhea, 48 of tuberculosis, most of them children, 36 of hepatitis, and one of the flu.

The source said that during that period, 9,000 cases of malaria were diagnosed, 5,000 of diarrhea, 532 of tuberculosis, 133 of hepatitis, 18 of the flu, and 239 of sexually transmitted diseases.

The source, which did not provide comparative numbers from previous years, stated that the municipalities of Camacupa, Catabola, and Andulo were the most heavily affected by venereal diseases.

A large part of the population of Bie suffers from infectious diseases because of nutritional deficiencies, difficult living conditions and lack of adequate medical care and medicines, it was noted.

Sleeping Sickness Increasing in Uije

92WE0226C Luanda JORNAL DE ANGOLA
in Portuguese 9 Jan 92 p 3

[Text] Uije—(from our correspondent)—Close to 689 cases of sleeping sickness were recorded during 1991 in Uije Province compared to 169 detected in 1990.

The town of Dange-Quitexe was the most heavily affected by tripanossomiasis, with 450 cases last year.

The program to fight tripanossomiasis did not cover the towns of Maquela do Zombo and Quimbele nor the commune of Quipedro because of the military situation, but it is suspected that there are high incidences of the disease there. The aforementioned areas include or are surrounded by large forests, which facilitate the propagation and reproduction of the tse-tse fly.

A source from the program to fight the disease told JORNAL DE ANGOLA that it did not possess sufficient equipment to eliminate the tse-tse fly, which reproduced excessively during the period when sanitary structures were absent in various areas of the province.

Activities to fight sleeping sickness in Uije are carried out by only 48 specialists.

Benguela Cattle Vaccination Falls Short of Goal

92WE0226A Luanda JORNAL DE ANGOLA
in Portuguese 9 Jan 92 p 2

[Excerpt] Benguela—More than 11,000 head of cattle were vaccinated against pneumonia and carbuncle during the second half of 1991 in the municipality of Chongoroi (southwest of Benguela), a source from the veterinary sector in that region informed ANGOP.

The vaccinated cattle belong to some 383 small ranchers living in areas controlled by the State in the Municipality of Chongoroi.

The vaccination campaign, according to the source, did not extend to cattle owned by small ranchers in areas still controlled by UNITA [National Union for the Total Independence of Angola] in the municipality. [passage omitted]

CAMEROON

Meningitis Outbreak Claims 196 Lives

AB2602150992 Dakar PANA in English 1218 GMT
26 Feb 92

[Text] Yaounde, 26 Feb (CAMNEWS/PANA)—An outbreak of meningitis in Cameroon's extreme northern provinces has already affected 2,428 people, 196 of whom have died, it was officially announced in Yaounde Tuesday. The sources said most of those who had died were children below the age of 15. The government on Monday [24 February] dispatched 200,000 doses of cholera vaccines and huge stocks of medicines to the medical team already in the area.

GHANA

Ga District Has Increased Guinea Worm Count

92WE0293F Accra PEOPLE'S DAILY GRAPHIC
in English 3 Dec 91 p 16

[Article by Ato Aidoo, Obakrowa: "More Guinea Worm Cases in Ga"]

[Text] The number of people infected by the guinea worm disease in the Ga District of the Greater Accra Region has shown considerable increase.

Between January and October, this year, 300 cases were recorded whilst this month alone 50 people have contracted the disease in Ashallaga, Danchina, Domiabra, Krokotswe, Obakrowa, Mataheko and Hoboh, among others.

Mr. Reuben Okai Fenni Ga District Zona Co-ordinator for the Guinea worm Eradication Programme, who conducted the Graphic round Obakrowa and surrounding villages, said the increase of the disease stems from acute shortage of water in the area during the dry season.

Mr. Fenni said his outfit had been educating the people to filter and boil their drinking water but the belief that the disease is hereditary makes it difficult for the desired results to be achieved.

Upper West: Twenty-Six Villages Guinea Worm Free

92WE0293E Accra PEOPLE'S DAILY GRAPHIC
in English 6 Jan 92 pp 1, 8-9

[Text] Twenty-six villages in the Nadowli District of the Upper West Region which were guineaworm endemic, now have the disease eradicated.

This represents about 47 percent of the total number of endemic areas which were discovered in the district at the beginning of the guineaworm eradication programme in 1989.

Mr. L.A. Bayuo, Regional Co-ordinator of the programme, announced this at Nadowli at the weekend at a one-day workshop for 32 guineaworm volunteers and traditional birth attendants.

Apart from taking stock of their performance, the participants were taken through the application of grey-bait filters.

Mr. Bayuo attributed this success to the approach adopted by the programme which involved the Ghana Water and Sewerage Corporation, the Department of Community Development, the Catholic Diocese of Wa and other non-governmental organisations.

He commended the guineaworm volunteers and health workers at the community level for their hard work and urged them to continue to put in their best in order to achieve total eradication of the disease by 1993.

Mr. Bayuo said the district has been allocated with one motor bike, one bicycle and a package of incentives to support the volunteers.

He said the programme for this year will make use of "Abate chemical" to kill germs in infected dams.

Mr. E.V.K. Daplaa, Regional Health Superintendent, asked the volunteers to form task forces at the community level to take care of family health education and protect their water sources from contamination.

Progress Made Against Guinea Worm in East

92WE0293D Accra PEOPLE'S DAILY GRAPHIC
in English 17 Jan 92 p 8

[Article by Samuel Kyei-Boateng, New Abirem: "15 E. Region Districts Now Free of Guinea Worm"]]

[Text] Guinea worm infestation has been eradicated in four out of the 15 districts of the Eastern Region.

The districts are East Akyem, Fanteakwa, Kwahu South and Kwaebibirem.

Mr. R.A. Nkansah, Eastern Regional Guinea worm Co-ordinator, announced this at a day's workshop for 72 zonal guinea worm co-ordinators and unit volunteers in the Birim North District at New Abirem on Tuesday.

He said the infestation has also reduced to almost half in the other 11 districts.

The workshop is being organised jointly by the Ministry of Health (MOH) and the Global 2000 Project in all guinea worm endemic districts of the Eastern Region.

Mr. Nkansah attributed the headway made in guinea worm eradication in the region to a nationwide surveillance conducted by the two organisations in 1987. This necessitated an intensive education of the people in the endemic areas and the free distribution of filters for the filtering of drinking water.

He said in the case of the Birim North District, the 28 guinea worm endemic areas identified in 1987 had reduced to 16 in January, this year.

The Regional Co-ordinator donated two bicycles to the zonal co-ordinators to facilitate their work.

In his address, Mr. Lovinger Kweku Boateng Birim North District Secretary, called on the Regional Co-ordinator for visual aids to facilitate public education on the prevention of the disease.

He also urged him to make the zonal co-ordinators and unit volunteers mobile so that they could reach all nooks and crannies of the district.

The District Secretary also urged chiefs, revolutionary organs and all those connected with guinea worm eradication to work in co-operation with health inspectors who are trained on environmental and water sanitation to help achieve the objective of eradicating the guinea worm disease.

- Meanwhile guinea worm cases in the Tamale municipality dropped from 6,623 in 1990 to 4,307 in 1991.

Alhaji B.A. Yakubu, co-ordinator of the Guinea Worm Eradication Programme (GWEP) in the municipality, announced this at a one-day workshop for 51 village volunteers of the GWEP at Tamale on Wednesday, reports the GNA.

In 1988 when Flt-Lt. J.J. Rawlings, Chairman of the PNDC, launched the programme, the number of recorded cases of guinea worm in the area stood at 8,865 for that year.

Alhaji Yakubu asked the volunteers not to be complacent. They should redouble their efforts in the fight against the disease.

He said although several measures have been put in place to help eradicate the disease, much depends on those involved in the programme for its success.

Alhaji Yakubu attributed the success achieved last year to the educational campaign being waged by GWEP in all communities in the municipality.

KENYA

Vaccination Controlling Meningitis Outbreak

92WE0263A Nairobi THE KENYA TIMES in English
21 Dec 91 p 12

[Text] The Ministry of Health vaccinated about 35,000 people against meningitis in West Pokot District following a major outbreak of the disease three months ago.

The area Medical Officer of Health, Dr. Samson Ndege, said on Thursday that the disease was under control except for sporadic cases in hilly and inaccessible areas where the vaccination campaign was not undertaken.

In a statement to KNA in which he confirmed that 14 meningitis cases were being attended to at the Kapenguria District Hospital and another 13 at Ortum hospital, Dr. Ndege refuted reports in a local daily at the weekend that five people had died of the disease in the district.

The MOH said sporadic cases of the disease were being reported from areas where the vaccination team did not reach but assured wananchi that medical personnel were still in the field and would mount a vigorous campaign.

Dr. Ndege appealed to the public not to panic.

Some people were quoted at the weekend claiming that five people in the district had died of the disease in a fresh outbreak. The MOH, however, confirmed that one person had died at the hospital but explained that clinical tests were yet to be performed to determine the real cause of death.

The disease struck the district last September prompting a major vaccination campaign which controlled the disease.

The vaccination campaign was cleared by the Ministry of Health headquarters and the Provincial Medical Office in Nakuru.

Two Cholera Deaths in Embu Town

92WE0294C Nairobi THE KENYA TIMES in English
30 Jan 92 p 5

[Article: "Cholera Kills 2 in Embu Town"]

[Text] Two people have died of cholera in Embu town, the Embu District Commissioner, Mr. Harrison Githae, disclosed yesterday.

Mr. Githae, confirmed the outbreak when he addressed scores of vegetable and second handclothes hawkers, who marched to his office to protest against 150 percent

hikes in market charges introduced by the Embu Municipal Council early this month.

The DC successfully pleaded with the hawkers to go back to their businesses to enable him to preside over an emergency meeting with the Ministry of Health officials on how to combat the outbreak of cholera.

When contacted outside the DC's office, the Embu Medical Officer of Health (MOH), Dr. Kimeu Manthi said the two people who were on Tuesday reported to have died of suspected anthrax had actually died of cholera.

Dr. Manthi, who was accompanied by the District Public Health Officer, Mr. P. Muthinja said the samples from the dead people which were sent to Nairobi on Monday has shown they had died of cholera.

Foot-and-Mouth Quarantine in Isiolo District

92WE0294A Nairobi THE KENYA TIMES in English
28 Dec 91 p 12

[Article: "Quarantine Announced in Division"]

[Text] A foot and mouth epidemic has hit the Central Division of Isiolo District prompting the area veterinary office to issue a quarantine notice banning the movements of livestock and their products to and from the area until further notice.

The notice which is signed by the deputy District Veterinary officer, Dr. E. Kabue advised livestock dealers and herdsmen to seek written permission from the director of Veterinary Services or his representative if they want to move animals from or into the area.

Dr. Kabue also cautions on the movement of animals from other grazing areas of Isiolo to the division. He further directs residents of the division to take the necessary precautions published by the veterinary department to prevent the spread of the disease.

The notice is copied to, among others, the director of Veterinary Services.

LIBERIA

Epidemics Causing Deaths in Grand Bassa

92WE0232A Monrovia TORCHLIGHT in English
2 Nov 91 p 1

[Article by N. Macaulay Paykue]

[Text] A recent outbreak of tuberculosis, malaria, syphilis and gonorrhea in Grand Bassa County is currently leaving several persons (children and adults) dead daily in the area, say reliable sources.

Those being worst affected are said to be residents of Lower Buchanan (the county's headquarters) and its

environs. Reports are that between five and seven persons are dying each day in those places.

Our sources believe this plight to be caused by overcrowdedness over the last three weeks.

Presently, the City of Buchanan alone is reported to be hosting over 80,000 persons, more than twice the number of its inhabitants prior to the civil strife which drove a lot of displaced people there.

What increases fears of a worse situation is news that there are no drugs at the only government hospital operating in that National Patriotic Front of Liberia-held county, to treat patients.

Just a few private clinics which are operating only in Buchanan, are charging prices for their medicines that go beyond the purchasing power of those who need the drugs, say our sources.

The outbreak of these epidemics, according to our sources, followed the departure in July of Aid Medical International, AIM (the only humanitarian health agency at the hospital recently dealing with such cases) having completed its tenure of service.

At the moment, the hospital is under the administration of two Liberian medical students from the University of Liberia, who had been volunteering their services to assist the AIM Staff in the county, said Samuel Senneh Kar-dyu, one of our sources who just returned from the area.

A resident of Buchanan, Mr. Kar-dyu said he left his home last Thursday to seek medication for "Malaria."

Mr. Kar-dyu hinted that concerned authorities in Gbarnga, seat of the NPFL government, had since been contacted about the situation in Grand Bassa County, but there has so far been no favorable response from them, he added.

However, Mr. Kar-dyu said that in an effort to prevent their plight from getting worse, citizens and residents of the county have been raising funds for the past week to buy the needed drugs for the government hospital.

Meantime, on behalf of the people of Grand Bassa County and himself, Mr. Kar-dyu has appealed to the international community for assistance, "before it gets too late."

MOZAMBIQUE

Cholera Outbreak in Quelimane Kills Child

MB3001120592 Maputo Radio Mozambique Network in Portuguese 1730 GMT 29 Jan 92

[Excerpt] The outbreak of cholera in Quelimane, Zambezia Province, has claimed the life of one child. More than 70 patients have been admitted to the provincial

hospital, and it is suspected that over 300 people may be suffering from the disease. [passage omitted]

Thirty Cases of Cholera Registered in Boane

MB3001122192 Maputo Radio Mozambique Network in Portuguese 1030 GMT 30 Jan 92

[Excerpt] A total of 30 cases of cholera have been registered in Boane District, Maputo Province, since the beginning of January. According to health authorities, no one has died in the district so far. [passage on preventive measures omitted]

Cholera Kills 32 in Cabo Delgado

MB0102192592 Maputo Radio Mozambique Network in Portuguese 1730 GMT 1 Feb 92

[Text] A total of 32 people have died of cholera in Cabo Delgado's Chiure District since the outbreak of the disease in November 1991. A source with the provincial health department says the situation is under control although cases of diarrhea still persist. The source added that measures have been taken to prevent the spread of the disease to other areas of the province.

Health Director Reports Cholera Figures in Nampula

MB0602193592 Maputo Radio Mozambique Network in Portuguese 1730 GMT 6 Feb 92

[Excerpt] Nampula Provincial Health Director Henriques Antonio has said 2,057 cases of cholera, including 297 deaths, were registered in 15 districts of Nampula Province early last year. Henriques Antonio warned of a new cholera outbreak following cases of diarrhea registered in the province. Accordingly, he called on Nampula residents and relevant authorities to observe preventive measures. [passage omitted]

Cholera Kills 297 People in Nampula Province in 1991

MB1402185192 Maputo Radio Mozambique Network in Portuguese 1730 GMT 14 Feb 92

[Text] Cholera killed 297 people in Nampula Province last year. More than 2,050 cases were recorded in that province in 1991.

Nampula Provincial Health Director Henrique Antonio has drawn attention to the need for preventive measures and warned that another cholera epidemic could break out in the province.

Cholera Epidemic Breaks Out in Beira; Two Cases Reported

MB1502182692 Maputo Radio Mozambique Network in Portuguese 1730 GMT 15 Feb 92

[Excerpt] At least two confirmed cholera patients have already been admitted to the Beira Central Hospital. The

cholera epidemic is hitting Beira city for the third time in less than two years. Given its characteristics, Beira is fertile ground for a variety of diseases threatening its 500,000 inhabitants. [passage omitted]

Sixteen Cholera Cases in Maputo's Magude District

MB1702154392 Maputo Radio Mozambique Network in Portuguese 1400 GMT 17 Feb 92

[Text] A total of 16 cases of cholera have been recorded by the health authorities in Maputo Province's Magude District. Four of those people have died. Magude District Health Director Francisco Domingos Zungu said one of the main causes of cholera is the water which the residents get from rivers and the way they treat it.

Cholera Kills 2 in Gaza Province's Chokwe District

MB2102181392 Maputo Radio Mozambique Network in Portuguese 1730 GMT 21 Feb 92

[Text] Six cholera cases, including two deaths, have been reported by the health authorities in Gaza Province's Chokwe District.

Cholera Outbreak Under Control in Beira

MB2202134792 Maputo Radio Mozambique Network in Portuguese 1030 GMT 22 Feb 92

[Excerpt] The cholera epidemic, which broke out in the city of Beira a week ago, has been brought under control. A total of 20 patients have been admitted to the cholera ward of the Beira Central Hospital since 15 February, of whom four have been confirmed to be suffering from the disease. Seven patients have already been discharged. [passage omitted]

Cholera Kills 4 in Manhica District

MB2402125392 Maputo Radio Mozambique Network in Portuguese 1030 GMT 24 Feb 92

[Excerpt] [passage omitted] A total of 42 cholera cases, including four fatal cases, have been confirmed by health officials in Maputo Province's Manhica District. District Health Director Armando Timane says the outbreak of cholera has been caused by a shortage of drinking water, which has forced the residents to use water from the Komati River.

Chokwe District Reports 90 Cholera Cases, 2 Deaths

MB0203183292 Maputo Radio Mozambique Network in Portuguese 1730 GMT 2 Mar 92

[Text] Ninety cholera cases, including two obits, have been reported in Gaza Province's Chokwe District over the last two weeks.

Health teams are already at work giving basic hygiene information to the people of Chokwe District.

Malaria Kills 21 Nampula Central Hospital Patients

MB0702104292 Maputo Radio Mozambique Network in Portuguese 0800 GMT 7 Feb 92

[Text] Malaria has killed 21 people in the Nampula Central Hospital between January [date as heard] and 6 February. Most of the deceased are children.

That number, however, is not believed to be an accurate representation of the extent of the epidemic because deaths from malaria are constantly being reported in all urban and suburban wards of Nampula city.

NAMIBIA

Ministry's Main Achievements Over Last Two Years

92WE0296B Windhoek THE NAMIBIAN in English 14 Jan 92 p 3

[Article by Kate Burling: "New AIDS Facts Soon; Namibia Takes on Killer Disease"]

[Excerpt] Summing up his Ministry's main achievements over the last two years, Iyambo said Namibia's National Immunization Programme had made "an extensive impact" on the five major child killers.

"Measles, which was at the top of the list of killer diseases of young children, is no longer a threat."

About 60 percent of the child population had been vaccinated against measles, whooping cough, tetanus, polio and tuberculosis, he said. Turning to malaria, Iyambo said a range of preventative measures were not firmly in place and that community-based malaria control committees would soon strengthen a comprehensive national defence strategy.

Community health workers on bicycles, vector control programmes, individual measures of protection (mosquito nets, long sleeves, insect repellent), early treatment with chloroquine and the prompt treatment of more complicated strains of malaria were among the measures being implemented, said the Minister.

Future problems of chloroquine and quinine-resistant malaria were yet to be properly tackled—nationally and internationally—but Namibians were far better informed about malaria than in previous years, Iyambo concluded.

NIGERIA

Yellow Fever Kills 300 in Delta State

92WE0233A Lagos THE GUARDIAN in English 3 Dec 91 p 2

[Text] About 300 persons have died in the Aniocha Council Area of Delta State, following an outbreak of yellow fever epidemic.

The council's Sole Administrator, Mr. Dan Okenyi, said in Asaba that about 20,000 persons had been vaccinated against the disease since it broke out over one month ago, but added that a combined effort of the federal, state and the council's health officials had not been able to curtail the spread of the epidemic.

According to him, the Federal Government donated 10,000 doses of vaccines, while the state government donated 7,500 doses.

Cholera Kills Over 100 in Cross River State

*AB1702183092 Kaduna Radio Nigeria in English
1700 GMT 16 Feb 92*

[Text] An outbreak of cholera has been reported in Ikom and Obubra local government areas of Cross River State. Already 100 deaths have been recorded in Ikom while the number of victims in Obubra is not yet known.

The chairmen of the two local governments disclosed this to Governor Clement Eburu when he paid a working visit to the areas. They explained that the outbreak was due to lack of potable drinking water which make the people drink water from unhygienic sources.

Responding, Governor Eburu gave an assurance that the state government would send essential drugs to health centers in the two local government areas. He pointed out that the state government will start to drill more bore holes in the areas, but called on the people to always treat water before drinking.

'About 100 People' Die of Guinea-worm Within 1 Year

*AB1702183592 Lagos Radio Nigeria Network
in English 0600 GMT 17 Feb 92*

[Text] From Abia State is a report that about 100 people have been reported dead within the last year in Ohazara local government area as a result of guinea-worm infection. The chairman of the local government, Mr. Fabian Nwachukwu, disclosed this yesterday when taking newsmen around the affected areas. The communities are Isiadu, Akeze, Iso, (Ngulago), Okposi, and Obolo.

Mr. Nwachukwu disclosed that UNICEF representatives visited the area recently and discovered that about 10,000 people were suffering from the disease. He attributed the problem to lack of good drinking water.

SOUTH AFRICA

Natal Faces 'Dangerous Level' of Rabies Cases

*MB0402115892 Umtata Capital Radio in English
0800 GMT 4 Feb 92*

[Text] Natal is facing a dangerous level of rabies cases. Paul Bishop, a chief researcher at a veterinary [words indistinct] in Pietermaritzburg says there were 338 reported cases of rabies in Natal and kwaZulu last year,

compared with 263 cases in 1990. He says Durban, Umlazi and kwaMashu were most effected areas in the country. Bishop attributes the drastic increase of rabies to the increase of violence in the province. He says veterinary workers are restricted from entering the areas due to the threat (posed) to their lives.

The chief medical officer of health in Pietermaritzburg has, however, blamed the increase in rabies on the lack of education about immunization.

SWAZILAND

Sudden Increase in Malaria Cases Causing 'Alarm'

*MB0802172892 Johannesburg Radio RSA in English
1500 GMT 8 Feb 92*

[Text] Swaziland's anti-malaria unit is alarmed by a sudden increase in the number of cases of the disease in the country's north-eastern Lubombo District that's bordering on Mozambique.

The unit's manager, Mr. Simon Kunene, says the overall number of malaria cases in Swaziland was expected to be lower this year than last year. But he said increases in the Malindza, Siteki and Ndzevane areas, where tens of thousands of Mozambican refugees are settled, indicated a higher number of carriers.

TANZANIA

Cholera Kills 52 in Northern Tanzania

*EA0102145092 Dar es Salaam Radio Tanzania
Network in Swahili 1700 GMT 30 Jan 92*

[Text] Musoma—Cholera has claimed the lives of 52 people in Mara [northern Tanzania] since the outbreak a month ago. The Mara deputy regional director of development, Ndugu Anthony Lugoma, said in Musoma today that Tarime district leads with 46 cholera deaths. Ndugu Lugoma said that until yesterday the disease, which broke out on 28 December 1991, had affected 626 people. He said that in Tarime district, 583 suffered from cholera, 476 people were treated and that 61 of them were hospitalized. In Musoma urban district, four people died of cholera. Two people had died in Serengeti district.

Ndugu Lugoma said that the regional control committee would be going to Tarime tomorrow to lay down strategies for combating the disease.

Cholera Epidemic in Dodoma Kills 239

*EA0102145592 Dar es Salaam Radio Tanzania
Network in Swahili 1000 GMT 31 Jan 92*

[Text] Dodoma—A total of 239 people have died of cholera since yesterday. Announcing this, the chairman of the health committee, who is also the [Dodoma]

regional commissioner, Ndugu Athmani Kabongo, said that there had been an additional 337 cases of cholera since the outbreak of the disease on 8 December 1991. Ndugu Kabongo told heads of Dodooma urban and rural districts, villages and municipalities, directors of development and reporters that residents of the region should observe strict health regulations, including those regarding digging pit latrines and their usage. The regional commissioner said that all public auctions and markets in the affected areas will continue to be under quarantine.

UGANDA

Meningitis Outbreak in Kitgum Continues

92WE0270A Kampala *THE NEW VISION* in English
16 Dec 91 p 1

[Article by Jimmy Kiberu: "Kitgum Meningitis Kills 13"]

[Text] A recent outbreak of meningitis in Kitgum District has claimed 13 lives and people in the district have been restrained from large public gatherings.

A report of Kitgum District Medical Officer (DMO) 29 November indicates that 313 cases had been officially recorded between 15 October and 29 November. Of this number, 13 people had died. The report puts the mortality rate at 4.1 percent.

Most of the deaths were recorded in Agago and Chua counties. Between 90 and 100 more cases were reported verbally by RCs without detail. The report says the diagnosis of these cases was not confirmed since none of them had been reported to a health clinic.

The RCs have reported 60-70 deaths. The epidemic has prompted authorities in Kitgum, to close institutions of learning and markets and advised people to avoid gatherings such as dances, funeral rites and pubs.

The report expresses concern however, that the public has not complied with these preventive measures.

According to Dr. Gilbert Mpigika, Assistant Director of Medical Services in-charge of the Communicable Disease Control unit in the Ministry of Health, Entebbe, the Ministry dispatched 5,000 doses of meningococcal meningitis vaccine and drugs to Kitgum on 8 November.

Another 5,000 doses of the vaccine and drugs, which included penicillin tablets were dispatched by helicopter on Friday last week.

Dr. Mpigika was optimistic about bringing the situation under control. "I believe the situation is not as grave as it was in October and early November since the DMO has not requested for more drugs or vaccines," he said.

He noted that information from the district reaches the Ministry quite late because of poor communication.

Dr. Mpigika attributed the outbreak to several factors including overcrowding brought about by insecurity in the district. Other factors include population movements and the incidence of carriers.

Dr. Mpigika said also that Kotido and Soroti are affected and in both these districts population movements are largely responsible for the spread of the disease.

Lira District: Fifty Meningitis Deaths Feared

92WE0298A Kampala *THE NEW VISION* in English
17 Jan 92 p 13

[Article by Afwono-Opondo in Lira: "Meningitis Hits Lira"]

[Text] The district has over the last three weeks been seriously hit by a meningitis epidemic and over 50 people are feared dead according to a medical source. The epidemic has created tension and panic among the local population who are said to be paying between 100/= and 300/= per person to get vaccinated.

The attack which is said to have started in Kitgum district has penetrated the two counties of Otuke and Erute with the latter the worst hit.

In one Ogur sub-county in Erute county, six out of the 84 people hospitalised in Ogur Health Centre, 24 km North of Lira town, since the start of this year have died. The rest were reported to be recovering.

Most of the patients were said to have so far spent between four and seven days at the centre and though improving, had developing whooping cough and (sores) in the mouths, throats, noses, ears and body, making feeding on any food extremely difficult.

Asked whether he had received the number of death from villages and who do not have access to the medical center, the Medical Officer in-charge of Ogur Health Centre Mr. Okello Chrizestom said that he did not have, but explained that the deaths there were estimated to be over 50 so far.

The DA Lira, Mr. Atia Otim who had for the last three days been on tour of the affected areas also told *The New Vision* that he did not yet have accurate figures of those who had died. He said however, the figure was high and further explained that he had directed all RC levels in the affected areas to compile daily figures and submit them to his office.

The most affected parishes in Ogur sub-county said the DA included Abala, Arit, Akanu, Obol Col and Ogur itself, where most of the patients are taken, while in Otuke county the worst hit areas were Aromo and Apala sub-counties.

Mr. Atia Otima complained that the epidemic would not have reached such crisis level if the district medical authorities had responded in time.

Addressing RCs, patients and the local population at Agur Health Centre and at Ayam market about 30 km along the Lira-Kitgum road on Tuesday, the DA appealed to them not to panic. He said 5,000 doses of vaccine had already arrived in the district.

Gulu District Has Over 50 Meningitis Deaths

92WE0298B Kampala *THE NEW VISION* in English
25 Jan 92 pp 1, 44

[Article by Caroline Lamwaka: "Meningitis Strikes Gulu"]

[Text] Over 50 people are reported to have died of meningitis in Gulu district since the outbreak in December, 1991.

Reports say 20 people died in Atiak sub-county, 18 in Pabo, ten in Lamogi, seven in Bungatira and two in Paicho sub-county.

Official reports at Entebbe have confirmed the death of eleven persons out of 150 cases of the meningitis documented since December 22, 1991 to January 17 this year.

But *The New Vision* confirmed the figures with the Assistant Director of Medical Services in-charge of communicable diseases control, Ministry of Health, Dr. Gilbert Mpigika quoting the District Medical Office, Gulu.

Mpigika said the death toll makes the death rate at 7 percent. He said the outbreak began in Atiak, to the northeastern part of Gulu, near the border with Kitgum. It is suspected that the disease spread from Kitgum district where medical authorities have reported 1,653 cases of the disease in the various health units and 105 deaths since October 1991.

In Gulu, the areas most affected are Atiak, Patiko, Keyo, Pabo, Amuru, Lamogi and Bungatira, with a few cases in Gulu town.

As a result, social gatherings like discos, beer drinking in slums, public rallies, video shows, funeral ceremonies and even church services have been suspended until further notice, a source told *The New Vision*. Mpigika, who recently returned from Gulu, said the Ministry of Health had supplied 10,000 doses of vaccine to Lacor hospital in Gulu. Some 500 doses of the vaccine were last week supplied from the District Medical Office to health centres at Atiak, Patiko, Lamogi, Amuru and Pabo. The centres have just been reopened. They had been closed because of insecurity.

Mpigika said on Thursday 23, the Ministry of Health at Entebbe sent another 10,000 doses of vaccine and drugs for the District Medical Office in Gulu and Gulu hospital. He said, "We have enough vaccine and drugs in stock for meningitis."

He said, while he was in Gulu, a task force to contain the epidemic was formed. Other affected areas are Kitgum, Lira, Moyo, Arua and Apac. "We have sent teams to the various districts to ascertain the epidemic. They have also received the drugs and vaccines like those in Gulu," he said.

Dr. Mpigika said, this season is a period for meningitis and the affected districts fall within the meningitis belt which is extended to West Africa. There were also expected cases in Bushenyi district, which the medical teams are now investigating.

Unknown Disease Kills 5

EA2901211192 Kampala Radio Uganda Network
in English 1000 GMT 29 Jan 92

[Text] An unknown disease has attacked and killed five civilians of Rainyuna village, Kitagata [word indistinct] in Bushenyi [in southwest Uganda] district.

According to the chairman of rc [resistance committee]-1 Rainyuna, Mr. Erimon Sikaya Were, the symptoms of the disease include mild fever with acute headache, too high temperatures, vomiting and the patient goes into coma and sometimes signs of body stiffness appear. The chairman reported that a number of people have died in the past and are continuing to die.

ZAIRE

Cholera Epidemic in Kivu-South

EA0303184992 Kinshasa Voix du Zaire in French
0500 GMT 3 Mar 92

[Text] There is a cholera epidemic in Kivu-South. Twenty out of 100 registered cases have died in Ruzizi plain [border with Burundi]. According to Mr. (Kinwani), the doctor and interim regional inspector of Kivu-South, necessary steps have been taken to fight the epidemic which has also been reported in Bukavu, headquarters of the Kivu-South region.

ZAMBIA

Statistics on Cholera, Dysentery Cases Given

92WE0268C Lusaka *TIMES OF ZAMBIA* in English
28 Dec 91 p 1

[Text] Nine more people have died of cholera in the past week, bringing the death toll since October to 494.

Health permanent secretary Dr. Everiste Njelesani who announced the latest deaths in Lusaka yesterday said the worst hit towns were Ndola and Kitwe on the Copperbelt.

Between them the towns had in the past week reported 117 cholera cases out of 126 cases reported in the province.

Luapula Province has had three deaths and 32 cases in the past week but has recorded the highest total number of deaths, 255 since the latest outbreak.

Only two deaths occurred in Central Province from 28 cases reported in Kabwe Urban.

The situation in Northern Province had improved and there were no new cases.

On dysentery, this week's report from the ministry indicates a total of 481 deaths from 27,524 cases countrywide since May while last week the ministry reported 566 deaths and a total number 26,587 reported cases throughout Zambia.

The report raises doubt about the number of deaths since last week's figure is diminishing despite more deaths being recorded.

Western Province had most cases—24,569 and 361 recorded deaths since January.

In Siavonga, 94 people had died from dysentery and there had been 1,340 cases between May and November this year.

Lusaka Urban had 916 cases resulting in 77 deaths since November. Zambezi had six deaths from 273 cases between August and November and Mbala had recorded 43 deaths from 426 cases since October.

Dr. Njelesani said the ministry was able to send appropriate antibiotics to dysentery affected areas after a group of scientists from Tropical Diseases Research Center in Ndola and the United States had presented their research findings to them.

Cholera Spreads to Lusaka; Toll Now 369

92WE0292A Lusaka *TIMES OF ZAMBIA* in English
11 Jan 92 p 1

[Text] The Ministry of Health has warned the public against indiscriminate use of anti-biotics because this has resulted in some cholera patients being resistant to drugs as the death toll shot up to 369 countrywide.

Deputy Minister of Health Dr. Kalumba Katele said in Lusaka yesterday six patients had proved resistant to Tetracycline and Septrin forcing health officials to use Gentamycin, a more expensive drug.

The death toll had reached 369 with the highest number of deaths in Luapula Province. The disease's fatality rate nationwide was 11.9 percent overshooting the 10 percent stipulated by the WHO.

"This is a very serious situation because this means we will need more funds to buy more consignments of this drug using our already tight budget," Dr. Katele said.

The public should be made aware they were endangering their lives by buying anti-biotics from dealers in townships because that caused them to become resistant to drugs when they contracted fatal diseases.

Anti-biotics were sold in the streets by vendors.

"The Ministry is taking the matter very seriously and will scrap private dealing of drugs. We can't allow informal sector medicine to continue, it's dangerous", he said.

At railway clinic treatment centre, eight cholera patients initially put on tetracycline still tested positive to cholera after treatment. Two of them later tested negative after they were given another course but the remaining six had to be put on Gentamycin.

Lusaka recorded 22 cases and one death in the past week and a total of 42 cases and two deaths since last week when the disease broke out in the capital.

The ministry would have greater control over the distribution of drugs to ensure only legitimate pharmacies were provided with the medicine.

Dr. Katele said the ministry was investigating the poor prescription of drugs by doctors and clinical officers.

"This is all involved in quality assurance where we have to ensure that medical personnel are giving proper prescriptions. If not we will have to provide better guidelines for them," he said.

The ministry is to launch a nationwide campaign to educate the masses on cholera to avoid a worse situation as the disease reaches its peak in the next few weeks.

Dr. Katele said January to March was the worst period for cholera as had proved in the past.

On the Copperbelt (Ndola and Kitwe) 230 cases and three deaths were reported in the past week. In Luapula 13 cases, all from Mansa and one death were recorded.

In Southern Province where the first case was recorded last month, 16 more cases and one death were reported. In Central Province the disease had spread to Sichoba in Mumbwa where two cases had so far been reported.

Kabwe Urban had 19 cases and no deaths and in Northern Province, 17 cases and five deaths were reported.

The minister said he had met media heads to solicit air-time and space in the respective papers for the cholera campaign.

The task-force was carefully monitoring the situation and making efforts to maintain lower levels of cases.

Talks To Be Held With Zaire on Cholera*92WE0292B Lusaka TIMES OF ZAMBIA in English
13 Jan 92 p 1*

[Article: "2 To Hold Cholera Talks"]

[Text] The Ministry of Health is to hold talks with the Zairean government in a bid to stem cross-border transmission of cholera.

Deputy Minister of Health Dr. Katele Kalumba said in Lusaka yesterday he had held discussions with the Zairean ambassador to Zambia Mr. Bongo Lega Zongakusa who indicated willingness to help fight the disease jointly.

Since part of the outbreak was caused by cross-border transmission especially in the Luapula valley, the Government would try to minimise the movement of people between the two neighbouring states.

He noted that cholera epidemics had become endemic in Northern and Luapula provinces but provincial and district surveillance committees were doing everything possible to eradicate the disease which had claimed 369 lives so far.

Dr. Kalumba said the repeated outbreak could only be curbed if adequate and proper sanitation infrastructure were put in place.

He said the epidemics would continue to haunt Zambia if sanitation facilities were not repaired by local councils.

In places like Northern Province and other rural areas solar energy powered pumps should be used to provide clean water, he said.

The Ministry of Health would account for materials and monies received from donors and would ensure they were used for their purposes.

He noted that in the past accountability had not been enforced which resulted in the loss of confidence by both international and local donors.

He cited the anti-cholera fund initiated by former Times Newspapers managing editor Bwendo Mulengela which he said had not been accounted for up to now.

Dysentery Now More Serious Threat*92WE0268B Lusaka TIMES OF ZAMBIA in English
18 Dec 91 p 1*

[Text] Six-hundred people have died of dysentery which has now spread throughout Zambia while 485 lives have been lost as a result of cholera in the past two months.

Minister of Health Dr. Boniface Kawimbe said in Lusaka yesterday dysentery had become a more serious threat claiming 566 lives out of a reported number of 26,587 cases

He said a team of disease control specialists from the United States had arrived in Zambia to help in the disease control and would assist in the combat against dysentery.

The doctors were from Atlanta center for disease control and would be in Zambia for a while.

The ministry was negotiating for more funds to be allocated towards the fight against dysentery and cholera.

And out of every 1,000 cases of malaria, 25 people die because Zambia had failed to control the disease whose death rate has risen alarmingly.

Dr. Kawimbe made the statement when he received 300,000 tablets of chloroquine worth about K500,000 from Iranian ambassador Mr. Mohsen Pakeain.

Government was expecting 300 spraying pumps from Iran in the next few months which would be used in the control of disease.

Mr. Pakeain said Iran would continue helping Third World countries particularly Zambia whose health sector was experiencing enormous economic and social problems.

Suspected Anthrax in Central Province*92WE0292C Lusaka TIMES OF ZAMBIA in English
29 Jan 92 p 3*

[Article: "Disease Kills Villagers"]

[Text] A mysterious disease suspected to be anthrax has killed eight villagers at Shabusonge village in Mumbwa, Central Province.

Villagers who came to Lusaka yesterday said the same disease has killed a large number of their cattle.

Victims complain of stomach pains and vomiting, the villagers said.

Health authorities in the area have sealed off the area and are not allowing movement of people and animals until the place is disinfected.

Some villagers said the outbreak of the disease had been aggravated by lack of proper medical care which was only provided last week when health inspectors toured the area.

It is believed villagers eat the meat of cattle suspected to have died of anthrax.

ZIMBABWE

Health Minister on Combating Malaria

92WE0299C Harare THE HERALD in English
25 Jan 92 p 5

[Article: "Malaria Claims 27 Victims"]

[Text] So far this rainy season 27 people have died of malaria in the Eastern Districts of Zimbabwe, while a number of deaths have been reported in the Gokwe district.

Replying to questions at a Press conference in Harare, the Minister of Health, Dr. Timothy Stamps, said his ministry was taking several steps to minimise the number of malaria deaths. These included spraying homes in susceptible areas using a new environmentally friendly insecticide.

His ministry was also encouraging the use of mosquito nets for the protection of pregnant women and children in malaria areas, and was discouraging the frequent use of prophylactics in such areas to keep the incidence of resistance to drugs down.

The ministry had stockpiled all the essential drugs needed in the treatment of malaria to combat the disease should an epidemic similar to the one which occurred three years ago be repeated.

Dr. Stamps said most of the deaths had been caused by inaccessibility of medical facilities for victims as some had to travel long distances to reach clinics.

However, some of the deaths were preventable. But people did not treat the disease with enough seriousness, and in this respect, tourists visiting Zimbabwe were the worst offenders.

"There are the clever so-and-so who know that they have malaria, and instead of seeing a doctor, take a course of Norolon and think they are cured.

"Later on they develop cerebral malaria and they die," he said. Doctors should always take blood slides to confirm diagnosis of malaria.

Dr. Stamps warned tourists who, because they did not like the taste of Chloroquine, ignored preventive measures against malaria.

Such people went back to their countries after contracting the disease, and because their doctors were not familiar with malaria, they developed complications, which in some cases proved fatal.

"You are more likely to die of malaria in Birmingham than in Binga," Dr. Stamps warned.

He also warned fishermen who went out to catch fish at night to wear clothing which protected them against

mosquito bites. Going fishing in shorts exposed such people to cerebral malaria, which was the most dangerous because it killed.

Dr. Stamps said that following a prolonged dry spell like the recent one, people became complacent and left cans, old tyres and blocked gutters around where rain water collected and mosquitoes could breed.

The anopheles mosquito, which spread malaria, was "very fastidious", and did not breed in sewerage but in clean water.

People should dispose of old tins and tyres, as well as clear their gutters to deny the mosquito a breeding place.

On the question of Norolon suicides, Dr. Stamps said the solution was not to ban the drug, as this would disadvantage thousands of people who benefited from its use.

Rather, he felt that there was need to educate those who wanted to commit suicide to seek counselling.

Dr. Stamps said there was a myth that Norolon could produce an abortion, and that was why young girls who found themselves pregnant abused it.

"It will produce an abortion because you will die at the same time, but that's a pretty dramatic way of effecting an abortion," he warned.

Serious Rabies Outbreak Due to Jackals

92WE0269D Harare THE HERALD in English
16 Dec 91 p 7

[Text] Zimbabwe has this year had the worst outbreak of rabies in its history because of the increase in the population of jackals, the director of veterinary services, Dr. Stuart Hargreaves, said yesterday.

Dr. Hargreaves said in an interview that the cases of rabies had increased at an alarming rate and up to 100 animals, including cattle were dying of rabies each month.

"Rabies this year is worse than it has ever been in the history of this country because of jackals," said Dr. Hargreaves.

He said the Hazardous Substances Board had given the department permission to poison jackals to reduce their numbers.

"We have been given authority to poison jackals. The application of the poison is going to be under strict supervision," said Dr. Hargreaves.

The spread of the disease was worsened by straying animals which mixed with wild animals, said Dr. Hargreaves.

Campaign To Study Increase in Rabies Among Jackals

*MB0303161592 Johannesburg Radio RSA in English
1400 GMT 3 Mar 92*

[Text] Zimbabwe has launched a national campaign to study the high incidence of rabies among jackals. Reports say the number of rabies cases is increasing dramatically in farming areas. This is thought to be an explosion of the jackal population. [sentence as heard] Many will have to be exterminated in areas where rabies are considered a danger to humans due to the proximity of wild animals and rural settlements.

No New Foot-and-Mouth Cases Identified

*92WE0299A Harare THE HERALD in English
23 Jan 92 p 5*

[Article by Midlands reporter: GWERU: "Tests on Cattle Give Negative Results on Foot-and-Mouth"]

[Text] All the beasts in the Midlands province which were sampled during the massive testing for foot-and-mouth virus last November, following a fresh outbreak of the disease at Whaddon Chase Farm in Mvurwi area of Mashonaland Central, tested negative.

The provincial veterinary officer, Dr. Lovemore Mawema, said all the samples taken during the massive testing exercise and sent to the World Reference Laboratory for foot-and-mouth disease in Britain, tested negative.

The farms, where over 400 beasts were sampled, have been in quarantine since the 1989 outbreak of the disease in the Midlands province.

Most farms which were sampled are in the Gwenoro area of Gweru district, which was hard-hit by the 1989 outbreak.

Dr. Mawema said two or more tests will be conducted in the province and if the tests are negative, then a decision to remove the farms from quarantine will be taken.

He said once the Veterinary Department was satisfied that there were no more carriers, then the restriction will be removed regarding the movement of cattle.

At the moment all the cattle will remain in quarantine while sampling continues, said Dr. Mawema.

Outbreak of Cattle Blackleg Disease

*92WE0202D Harare THE HERALD in English
13 Nov 91 p 3*

[Text] An outbreak of blackleg, an acute infectious cattle disease, has been reported in the Chipinge district.

An official of the Department of Veterinary Services in Chipinge confirmed the outbreak and said that 60 cattle had already died in the Mutema communal lands.

He said the disease, also known as "quarter-evil," is caused by clostridium bacteria which is found in the soil. It is contacted through ingestion and affects the animal's quarter muscles. The disease kills within three days and was most common in young and visibly fit stocks of up to three years old. The animal would die without showing any signs of illness and this made it difficult to treat the animals.

He advised the farmers to vaccinate their young stock as soon as they are six months old and repeat yearly afterwards in order to prevent the disease.

The veterinary official said due to lack of pasture the cattle were grazing right down to the soil which results in their getting the bacteria.

Meanwhile, Councillor Elias Chitore of Chibuwe ward said between five and 10 cattle were dying daily in the area because of the shortage of water and good pastures.

LAOS

Dysentery, Diarrhea, Whooping Cough in Attopeu

BK2602132692 Vientiane Vitthayou Hengsat Radio
Network in Lao 1200 GMT 26 Feb 92

[Text] According to a report from the public health service of Attopeu Province, dysentery, diarrhea, and whooping cough have been breaking out in Nam Thieng village of Saisettha District since January. The diseases have so far claimed 14 lives. The public health service of Attopeu has dispatched medical personnel to treat the people. The situation has now improved.

Report on Malaria, Parasite Control Work

BK0202152392 Vientiane Vitthayou Hengsat Radio
Network in Lao 0000 GMT 2 Feb 92

[Text] An official of the Malaria and Parasitology Institute disclosed on Friday that in 1991 the institute operated a nationwide network for the control of malaria and other parasitic diseases which comprises 17 provincial stations, 108 district malaria and health units and a number of anti-malaria teams in villages, production bases, and agencies. With a staff of 507 cadres, the institute conducted blood tests on 218,000 persons, and over 36,000 or 19.96 percent of them tested positive. Over 28,000 malaria patients, 7.52 percent of every 1,000 people, were hospitalized. Out of this number, 457 persons died, representing a mortality rate of 12.4 percent of every 100,000 people.

The institute experimented with the use of chemical-soaked mosquito nets, especially the nets treated with the (FAN) solution, in 77 villages in six districts of six provinces. A total of 4,132 families with over 24,300 persons participated in the program. In addition, the institute also tested the effectiveness of a new brand of parasiticide, (Parazinctyon), in particular against anophelines in some villages of Bolikhamsai Province. The parasiticide was proven effective and has minimal adverse effects on human health.

In its attempt to control other parasitic diseases, especially liver fluke and schistosoma mekongi, the institute distributed 52,276 tablets of parasiticide to 21,266 people in 118 villages of 13 cantons. The number represented 48.2 percent of the people who need the medication. Cadres continued to conduct surveys on the incidence of schistosoma mekongi in Mounlapamok District.

To curb the outbreak of dengue fever, the institute will continue eradication of mosquitoes in four central districts of Vientiane municipality and organize training courses on dengue fever prevention for medical cadres from 16 provinces, and distribute larvicide to people in all localities.

As for the 1992 operation plan, the institute will mobilize people to join in the campaigns against malaria and other parasitic diseases in all localities. It intends to staff

each provincial malaria station with 38 cadres including three pathologists, three parasitologists, an analyst, and an administrative cadre. The institute will train some 1,000 anti-malaria cadres to be sent to work at the grass-roots level, especially in the affected areas, and continue the study of the effectiveness of the chemical-treated mosquito nets, resistance to the malaria medicines, new species of larvae, other parasitic diseases such as schistosoma mekongi and liver fluke, and some parasiticides. In collaboration with Ohio State University in the United States, the institute will experiment with the treatment of malaria brain infection with new medicine known as (BFO) at Vangviang District's hospital. The experiment is expected to last one year.

Malaria Remains Rampant in Sekong Province

BK0902131892 Vientiane Vitthayou Hengsat Radio
Network in Lao 0000 GMT 9 Feb 92

[Text] The malaria station in Thateng District, Sekong Province detected 762 malaria-infected persons, representing 25.9 percent of 2,940 people who came for blood tests last year. Malaria has been spreading in Laman, Thateng, and Kalum Districts of Sekong Province for many years. The malaria situation in this province has not yet been improved. Public health services at the district and provincial levels and other sectors concerned should find effective measures to quickly suppress the disease.

Health Problems in Luang Prabang

BK0102120792 Vientiane Vitthayou Hengsat Radio
Network in Lao 0000 GMT 1 Feb 92

[Text] One hundred and ninety-four people in the municipal area of Pak Ou District in Luang Prabang Province were recently afflicted with malaria, lung inflammation, and diarrhea. The district's public health service has dispatched its mobile medical unit to provide timely treatment for the people. At present, medical cadres attached to the unit are now conducting health checkups for the people in (Hat Pang) and (Houai Kok) cantons.

According to another report, in 1991, Hospital Area 2 in Ngan canton of Mok District, Xieng Khouang Province, rendered medical treatment to nearly 500 patients who were mostly afflicted with malaria and liver and lung inflammation; performed 43 minor operations; and helped deliver 44 babies. Medical cadres also propagated the three-clean principle of hygiene in localities on 120 occasions and established nine model villages.

Animal Epidemic in Chomphet District

BK1902092392 Vientiane Vitthayou Hengsat Radio
Network in Lao 1200 GMT 18 Feb 92

[Text] So far, six cows and buffaloes and a large number of poultry have died from animal epidemics now spreading in the municipality of Chomphet District, Luang Prabang Province. According to the investigations of local veterinarians, the prevalent diseases in the

area are haemorrhagic septicemia and diphtheria. Veterinarians are now treating the animals and trying to bring the situation under control.

PAPUA NEW GUINEA

Rebel Radio Calls for Help To Halt Meningitis Outbreak

*BK1802094892 Melbourne Radio Australia in English
0800 GMT 18 Feb 92*

[Text] In Papua New Guinea [PNG], the radio station of the Bougainville rebels has broadcast a call for international help to stem a meningitis outbreak in central parts of the island.

Radio Free Bougainville claimed hundreds of children were at risk. The station said three children had already died from bacterial meningitis in Arawa hospital and many more were coming in with very high fever.

It said all medical drugs on the island had run out. Several weeks ago all relief missions to the rebel-held parts of the island were suspended when the BRA [Bougainville Revolutionary Army] burnt the Red Cross supply ship, the M.V. Cosmaris.

VIETNAM

Malaria Kills Hundreds of People in Nghe An

*BK2302102592 Hanoi Voice of Vietnam in English
1000 GMT 21 Feb 92*

[Text] Vietnamese Minister of Health Pham Song said that the allocation from the state budget for healthcare this year meets about 40 percent of the amount needed. Talking to healthcare workers in the central provinces, Pham Song said that lack of investment would hinder the fight against malaria, which killed hundreds of people in Nghe An Province alone during the first three quarters of last year.

Report on Anti-Malaria Campaign in Ha Nam Ninh Province

*BK0203153392 Hanoi Voice of Vietnam Network
in Vietnamese 0500 GMT 29 Feb 92*

[Article by Sy Huong: "Close Attention Should Be Given to Curbing Malaria"]

[Summary] Thanks to the great efforts by the Ha Nam Ninh provincial anti-malaria office, malaria was effectively curbed in the past. However, in 1991, this disease has spread widely due to the population's frequent travelling. Many of them had been working in gem and gold mines in villages where malaria had been spreading. These workers carried the disease with them when they returned to the province. This especially pertains to those from Nghia Hoa, Nghia Hung, Kien Dinh, and Kim Son villages.

"Doctor Pham Xuan Tan, head of the provincial anti-malaria office, the local public health sector had been very busy coping with the malaria epidemic in the province. The sector, while propagating methods to prevent and cure malaria, has taken concrete measures to minimize the consequences of the disease." It has also organized courses on prevention and treatment of patients for the local cadres and people to help reduce the number of patients which had reached 60,000 in 1991. Among them, 21 had died because they were brought too late to the hospital. "According to statistics, 70 percent of the patients had been treated and recovered. The rest, however, needed further treatment."

Although facing numerous difficulties at present, the provincial anti-malaria office is looking for ways and means to effectively curb and prevent malaria from spreading. With more than 30 cadres and personnel—50 percent of them are university graduates who have ample experience in this field—and with proper financial and medical assistance from the central government, it is believed that the province will be able to effectively stop the spread of malaria.

REGIONAL AFFAIRS

Caricom on 'Full Alert' Against Cholera

FL1202181092 Bridgetown CANA in English
1724 GMT 12 Feb 92

[Article by Rickey Singh]

[Text] Bridgetown, Barbados, Feb 12, CANA—The Caribbean Community [Caricom] is on "full alert" against the threat of cholera. But with only three confirmed cases, and no known deaths, the official assurance is: "There is no need for alarm. We are in a state of preparedness." That assurance has been given by Dr. Franklin White, director of the Trinidad-based Caribbean Epidemiology Centre (Carec), in an interview with the CARIBBEAN NEWS AGENCY (CANA) on the region's preparedness to halt the spread of cholera.

The three confirmed cases of the dreaded disease were reported by Belize, even as Carec was engaged in varying laboratory and planning activities to help other Caricom states—Trinidad and Tobago, Guyana, and Jamaica—to be as prepared as possible to cope with the cholera threat. The infiltration of the cholera disease in any of the Caribbean countries, said Dr. White, should be viewed "as inevitable." He, however, explained that "the potential for transmission of the disease would be limited in most of the Caribbean countries because of a more favourable environmental health situation compared with Latin American nations."

Barbados, Jamaica, the Bahamas and other popular Caribbean tourist destinations are currently involved in media campaigns to educate their populations on measures to be adopted to avoid cholera contamination in food and water consumption.

Determined not to be caught off-guard, Carec, viewed as the regional counterpart to the United States Centres for Disease Control, moved its modern laboratory facilities and preparedness programmes into high gear shortly after the first news of a cholera epidemic came from Peru in 1991. Consequently, this unique regional institution, serving 19 countries in the Caribbean area, was ready to mount a series of anti-cholera programmes, including surveillance techniques and laboratory diagnostic training.

With priority attention given Belize in January, Carec immediately turned its attention to "preparedness action" in Guyana, where a close watch is being maintained in co-operation with the Ministry of Health. A comprehensive training programme is on in Guyana, and a similar programme has been planned for Jamaica in March.

The first training course in "a national response" to cholera, involving the majority of the 19 countries being served by Carec, took place in July last year. That course was held even as Carec was immersed in educational programmes in the battle against HIV (the Human

Immuno-Deficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome) cases, in addition to myriad of laboratory and field programmes relating to its mandate as a leading disease control institution in this hemisphere.

Carec's current role in helping to combat the cholera disease is expected to correct a misconception in some quarters that it was primarily concerned with HIV and AIDS cases. As Dr. White laughingly remarked in his interview with CANA, Carec has been so involved in anti-AIDS activities that it has acquired "an AIDS centre" profile. However, long before the killer disease AIDS became a dreadful acronym in this region, Carec was providing a range of services in the control of various diseases since its creation in 1975, as the successor institution to the former Trinidad Regional Virus Laboratory (TRVL). The TRVL was established in 1952 by the then British colonial government and the Rockefeller Foundation.

Since its formation, Carec, working closely with Ministries of Health, PAHO [Pan American Health Organization], and the U.S. Disease Control Centre, has evolved into a regional institution that provides laboratory reference services, epidemiology services and related technical co-operation in the fields of disease prevention and control. With some 100 employees, Carec operates on a budget of U.S. 5 million dollars a year.

Dr. White paid tribute to the vision of the late Trinidad and Tobago prime minister, Dr. Eric Williams, for first recognising the need for a regional institution like Carec. He said that the bilateral agreement signed with the Trinidad and Tobago Government was very enlightening and greatly facilitates the work the centre carries out on behalf of its 19 member countries.

The roots of Carec, said Dr. White, "gave rise to a tradition of public health science that has served the Caribbean well to this day." Under the terms of its multilateral agreement, which expires in 1995, Carec is mandated to: "Serve as a specialized technical resource to assist and advise the governments of the region, and to include in its aims and functions assistance, advice, and co-operation for the surveillance of non-communicable as well as communicable diseases and for programme development by member governments."

It is also expected to function as a centre for epidemiological analyses, including "situational analysis and trend assessment" for all countries in the Caribbean which are or will be participating, or co-operating with it. The centre's epidemiology division has now been organised into two units. As explained by Dr. White, one is devoted to the further development of surveillance and field operations; the other to address a newly defined area of population studies. The latter focuses on issues such as health situation analysis and chronic diseases across the Caribbean. The centre has been at the forefront of activities over the past three years in battling the prevention and control of typhoid and dengue fever.

Dr. White said that Carec has been assigned the role of "lead executing agency" for data collection and epidemiology components of the Caricom regional programme on drug abatement and control. This programme includes prevention and control of abuse of alcohol; prescribed and illegal drugs, as well as tobacco consumption and its related health problems.

ARGENTINA

Health Ministry Updates Cholera Figures

PY1102164892 Buenos Aires NOTICIAS
ARGENTINAS in Spanish 1554 GMT 11 Feb 92

[Excerpt] Buenos Aires, 11 Feb (NA)—The Health and Social Action Ministry today at noon reported that in Salta Province 11 persons have died from cholera and another 168 persons are infected. [passage omitted]

Government To Spend \$4 Million in Cholera-Affected Towns

PY1302004092 Buenos Aires BUENOS AIRES
HERALD in English 12 Feb 92 p 11

[Text] (DYN-NA)—Health Minister Julio Cesar Araoz announced yesterday that the government would send four million dollars in financial aid to the 10 Salta towns and settlements affected by an outbreak of cholera. The money will be used to build fresh water wells and water purifying plants, and Araoz predicted that in less than 30 days "at least 25 towns will have running water."

The news of the financial aid to Salta—thus far the only province with confirmed cholera cases—came hours after a Health Ministry communique reported that two more cholera victims died, taking the number of fatalities to 11. The figures of cholera cases rose from 159 to 168 in 24 hours.

Reports confirmed that the disease was spreading south through the Bermejo river after an infected person was diagnosed in the town of Embarcacion. Araoz—who is expected to travel to Jujuy in the next few days—said that Argentine doctors would be allowed into Paraguay to work as they had been doing in Bolivia.

During a meeting of the Federal Health Commission (COFESA), the minister said President Carlos Menem had ordered government officials not to hold back economic assets to fight the disease. At the COFESA talks officials from a number of provinces called for the creation of a national plan to control border crosses with neighbouring countries.

President Carlos Menem, currently visiting Europe, meanwhile said Argentina was not in the middle of a cholera epidemic. Menem—during a brief stop in Las Palmas, Spain—said the cholera cases in Salta were an "outbreak, (that is) totally localized." The President added that if nothing went seriously wrong "in a short time the disease will completely disappear."

Commenting on the possibility of cholera reaching the Greater Buenos Aires area, the President said: "From the place where it is localized to Buenos Aires there are 1,000 kilometres or more, so it's very unlikely."

Menem also considered that the outbreak could not be blamed on poverty. "It is not caused by poverty. It attacks any sector of the community," he said. "It is simply a cholera outbreak in a sector of the Argentine community, in this case the Indians," Menem concluded.

Araoz in turn denied rumours that the outbreak had reached Formosa and Jujuy. "No other province has reported cholera cases," the minister said at the start of the COFESA meeting yesterday afternoon.

A group of 40 doctors and volunteers along with equipment were scheduled to arrive today in Salta, Jujuy and Formosa to help relief operations, while helicopter landing sites were set up at Santa Victoria del Este and Tartagal in Salta to prevent heavy rains from hampering relief work.

Formosa Health Undersecretary Rafael Serfati confirmed that "the risk of the epidemic entering the province is high. The permanent red alert continues." Formosa tightened health controls when a cholera case was detected in the town [of] La Polvoreda five kilometres away from its border with Salta.

Jujuy Governor Roberto Dominguez stressed that the cholera bacteria could not enter that province through local rivers because the large amount of acid in their waters kills it. "Unless people carry the disease and infect the rivers, it's hard for cholera to spread through the waters," he said.

National Health Secretary Alberto Mazza admitted that public health authorities were having trouble preventing the outbreak from turning into an epidemic as Indian settlers had to move in search for food throughout the province.

The secretary underlined that not only members of the Indian community have been infected with the cholera bacteria. Mazza also denied that Salta had reported cases of yellow fever. "We have no official information on this," he said.

As sanitary measures were being tightened in Cordoba, Rosario, the Greater Buenos Aires area and the Federal Capital, the Senate Radical bloc proposed the creation of a parliamentary commission to control the fight against cholera.

Health Minister Blames Bolivia for Cholera Death Rate

PY1602214492 Buenos Aires BUENOS AIRES
HERALD in English 16 Feb 92 p 4

[Excerpt] Tartagal, Salta (DYN-NA)—Health Minister Julio Cesar Araoz blamed the lack of information

released by the Bolivian Government for the 6 percent death rate—the highest in Latin America—registered among cholera patients in Argentina.

Araoz made the statements last Friday [14 February] during his inspection of the areas worst struck by the disease in this province. Meanwhile, two new cases were officially confirmed here yesterday taking the number of people infected with the disease to 185.

"During a week, Bolivia told us that there were diarrhea cases in the area. We spoke every day (with Bolivian authorities) and they kept on telling us the same thing, until the first cases broke out in this country, in Santa Victoria," the minister said.

According to Araoz the information withheld by Bolivian sanitary authorities would explain the high 6 percent death rate.

The minister said that the outbreak that has claimed 11 lives—all in Salta—was "slowing down. But this doesn't mean that the situation is under control." [passage omitted]

Cholera Case Detected in Buenos Aires Province

PY1702174092 Buenos Aires Radio Nacional Network in Spanish 1500 GMT 17 Feb 92

[Text] Doctor Ricardo (Serafati), health director of Sarmiento District, Buenos Aires Province, said that the woman who contracted cholera and is hospitalized in a Vella Vista clinic is now recovering. He said that the woman may have contracted cholera by eating unwashed vegetables. The woman, he said, lives in a low- to middle- class neighborhood with a very good urban infrastructure, running water, and a bathroom in her house, reasons for which he thinks the cholera has spread in an unexpected way. He said that this case should not have happened.

The doctor said that the woman's seven children, husband, and parents were controlled medically three times and are receiving preventive medication. A sanitary cordon with broad [words indistinct] was established around her neighborhood.

Meanwhile, Buenos Aires Governor Eduardo Duhalde said that no red alert or cholera epidemic was declared in Buenos Aires Province. The case of the woman with cholera, he said, is an isolated case and her health is in a good state.

Duhalde said that a red alert is declared only when there are no longer possibilities of controlling an epidemic, something that has not happened in Buenos Aires. He nonetheless admitted that the provincial authorities are very concerned about the case.

Fist Cholera Case in Cordoba

PY1802132892 Buenos Aires NOTICIAS ARGENTINAS in Spanish 0045 GMT 18 Feb 92

[Text] Buenos Aires, 17 Feb (NA)—The first cholera case in Cordoba Province was registered today. This case differs from the one in Buenos Aires in that the individual contracted the disease in Peru while on vacation.

Cordoba Health Minister Miguel Martinez Marquez confirmed the news and added that the individual was not infected in the province.

The individual is a young Peruvian who resides in Cordoba and who had to be hospitalized urgently upon his return from Peru after presenting the symptoms of the disease.

The young man arrived by bus yesterday. According to sources at the Rawson Hospital, the symptoms appeared and became aggravated during the trip.

Although not officially confirmed, the young Peruvian allegedly admitted eating ceviche, a traditional Peruvian dish made with raw fish.

Some months ago Peruvian authorities banned the sale of ceviche in the streets, recommending people not to eat it at home either because the cholera virus lives in fish's gills.

The sick man is being treated for dehydration and is receiving antibiotics. His condition has improved and he is now out of danger.

Government Not Closing Border With Bolivia Due to Cholera

PY2202162092 Buenos Aires NOTICIAS ARGENTINAS in Spanish 2025 GMT 21 Feb 92

[Excerpt] Buenos Aires, 21 Feb (NA)—Argentine Health Secretary Alberto Mazza today said that the Argentine Government "has never considered closing the Bolivian border" as part of its struggle against cholera, but it has decided to take every possible measure to prevent the entry of illegal immigrants from Bolivia, since they could be carrying the infection.

Mazza added that Argentina believes that it is "part of Latin America" and has a "sense of solidarity" toward its neighbors.

The Health Ministry officially reported that no new cases of cholera were reported in the country during the last five days. Thus, the number of people who have contracted the disease remains at 191, and 11 of those have died. [passage omitted]

CHILE

Fisheries Official Says Red Tide More Serious Than Cholera*PY1502180892 Santiago Radio Chilena Network in Spanish 1000 GMT 15 Feb 92*

[Excerpts] Fisheries Under Secretary Andres Couve said that the red tide problem is more serious than the cholera outbreak. He explained that cooking contaminated seafood does not neutralize the red tide toxin. Therefore, consumption of clams in the 12th region, where the red tide presence is greater, has been banned.

Couve recalled that last year, 41 people caught cholera while in only six months some 300 people have been poisoned by the red tide. He added that marketing of clams in the 12th region is strictly forbidden. [recorded passage omitted]

Couve added that the red tide was discovered last century but that it has become more dangerous this year. He then added that the red tide has spread to a large area in the 12th region, contaminating 95 percent of the waters.

The toxic degree and intensity of this red tide appears to be greater according to tests on the 11 victims of this phenomenon. Another characteristic of this tide, according to Couve, is the length of time it has lasted—almost seven months. [passage omitted]

CUBA

Public Health Ministry Takes Cholera Prevention Measures*PA2602040492 Havana Radio Havana Cuba in Spanish 0100 GMT 26 Feb 92*

[Text] The directorate of hygiene and epidemiology of the Cuban Public Health Ministry has established strict health control measures throughout the country, including at port terminals and airports, to decrease the possibility of cholera being introduced in the country. This program has been implemented based on the epidemiological characteristics of the disease, of which Cuba is not exempt.

Not a single case of cholera has been detected on the island so far. This disease has caused a high number of deaths in several Latin American countries.

NICARAGUA

Health Minister Fears Cholera Epidemic*PA2702233492 Managua Radio Sandino in Spanish 1830 GMT 27 Feb 92*

[Interview with Health Minister Ernesto Salmeron by Norma Corning [as heard] in Managua—live]

[Excerpt]

Corning: Professor, the question of the day in Nicaragua concerns the cholera outbreak. There have been a number of reports to the effect that there are 300 cases, and there are reports that the Health Ministry is concealing this information. What have you to say?

Salmeron: It is a trait of mine to say exactly what is happening. Moreover, I make my remarks after studying epidemiological research on the epidemic's behavior. We are at great risk of having the cholera epidemic go out of control in the next few weeks. So far, fortunately, we have only two cases that have been confirmed by laboratory tests: the 11 November case in the Batahola Sur neighborhood and the 20 February case in La Paz Centro, Leon Department.

Unfortunately, two areas near Managua Lake are contaminated, which increases the danger of the epidemic spreading and creating a situation similar to those in Peru, Bolivia, Ecuador, Guatemala, El Salvador, and Colombia. In those countries the epidemic has worsened to the point that in January 1992 more citizens died than the number who died when the epidemic was at its worst at the beginning of 1991. What does this mean? Having cholera strain 01, the bad one, in the Acahualinca garbage dump area, since it is positive there, puts the residents of that area at great risk. Temperatures are rising; in the summer in this capital it reaches almost 40 degrees. You can fry an egg on any Managua sidewalk.

This increases the risk of the vibrio cholerae reproducing more easily and having a devastating effect on the population. The drought reduces our water supply and makes it necessary to ration water. This in turn makes hygiene deteriorate. [passage omitted].

ST. CHRISTOPHER AND NEVIS

Twin Islands Placed on Cholera Alert*FL1202174492 Bridgetown CANA in English 1655 GMT 12 Feb 92*

[Text] Basseterre, St. Kitts, Feb 12, CANA—St. Kitts and Nevis is on cholera alert. The move followed an outbreak of the disease in Venezuela and concern among Caribbean countries about the possibility of cholera spreading to the region.

The Cholera Education and Awareness Committee here, following a meeting here, launched a media campaign using radio, television, and print promotions to sensitize residents on preventive measures and the early symptoms. The committee comprises persons from the health, education, tourism, public relations, and customs departments, along with representatives from the manufacturing sector and local churches. Chief medical officer, Dr. Thomas Jones, oversees the committee.

The committee has been monitoring the water supply and human waste disposal, two avenues through which

cholera can be transmitted. Public health inspectors have also been monitoring food handlers to ensure they practise good hygiene.

Residents who have been experiencing diarrhoeal attacks or visited any South American country recently, have also been advised to see their doctor as a precautionary measure. So far no recent cases of cholera have been reported in St. Kitts and Nevis.

The disease is marked by diarrhoea and vomiting, which lead to a loss of body fluids, weakness, dehydration, and in severe cases death. It is generally caused by germs that enter the body via food and water contaminated by poor personal hygiene and human waste disposal.

ST. LUCIA

Medical Officials Issue Cholera Alert

FL0702164892 Bridgetown CANA in English
1441 GMT 7 Feb 92

[Text] Castries, St. Lucia, Feb 7, CANA—St. Lucia medical officials on Friday announced that the island had been placed on a cholera alert. "I am quite convinced that cholera will eventually come to the English speaking Caribbean, and as a matter of fact I think we have been lucky so far....," medical officer of health Dr. Sterling Mungol said on state-owned Radio St. Lucia.

Latin American countries last year reported an outbreak of the disease characterised by diarrhoea. Authorities in Trinidad and Tobago recently placed the country on alert, after neighbouring Venezuela had reported some cases.

Dr. Mungol said that given the travelling pattern worldwide "it is inevitable that somebody who has been exposed to the organism will eventually come to St. Lucia." Dr. Mungol said a meeting of health officials had decided that "St. Lucia should be put on a cholera alert."

"We have to be prepared for cholera in St. Lucia. The good news about it is that we know how to deal with the problem of cholera, but the bad news is, given a small Third World developing country like St. Lucia we have to implement our plans given limited resources," he remarked.

He said the problem for St. Lucia was further compounded by the fact that "other diarrhoeal type disease already occurred here."

"The ground is prepared for cholera to become established the same way the other diseases have been established at a very low incident level in St. Lucia," he said.

Cholera is more associated with persons living in poverty, with poor water supply and hygienic conditions, he noted. But Dr. Mungol said the Ministry of Health was "prepared to contain any incident of cholera in St. Lucia."

TRINIDAD AND TOBAGO

Health Ministry Issues Cholera Alert

FL0102022892 Bridgetown CANA in English
2154 GMT 31 Jan 92

[Article by Linda Hutchinson]

[Text] Port of Spain, Trinidad, Jan 31, CANA—Trinidad and Tobago was put on a cholera alert on Friday by Health Minister John Eckstein as a result of 58 cases in neighbouring Venezuela.

"(The) latest official bulletin reporting on cases in Venezuela means that cholera has now reached our backyard a mere seven miles away and it is the considered opinion of the technical staff within the ministry.... That introduction into this country cannot be prevented, given the constant movement of persons between Trinidad and Tobago and the neighbouring South American countries particularly Venezuela," Eckstein told the Parliament.

He said precautionary measures are currently being taken by the ministry because the disease can spread rapidly to epidemic proportions and result in death.

The outbreak of cholera, which started in Peru in January 1991, is an intestinal disease with symptoms of profuse watery diarrhoea and vomiting.

"Since introduction of the disease appears inevitable the ministry has focussed its attention on containing the spread of the disease and thereby minimising the negative impact of the disease," he said.

The Ministry of Health has intensified its normal programme of surveillance to improve the chances of early case detection. Travellers and visitors to this country would be given health alert cards which would advise them to seek medical care for any diarrhoeal illness and to inform the physician of recent travel.

The population will also be informed about preventative practices through the media and leaflets which will be distributed to those who visit health centres, seminars, workshops, and lectures on cholera. The ministry is also stepping up surveillance of food offered for sale and samples of food most likely to be contaminated will be tested.

The government is also receiving U.S. 84,500 dollars from the Inter-American Development Bank (IDB) to support prevention and control of a cholera epidemic in the country.

Cholera Bacteria Found in Remote Mountain Spring

FL1102233292 Bridgetown CANA in English
1701 GMT 11 Feb 92

[Text] Port of Spain, Trinidad, Feb 11, CANA—Trinidad and Tobago health authorities are continuing

investigations to identify the source of cholera bacteria, found over the weekend in a spring used for bathing, washing, and cooking.

"If...the logical conclusion is that this was a human being, ...(we have) to find out if this person is still excreting and to treat him," chief medical officer Rod-erick Doogdeen told CANA.

Doogdeen said the other major concern of health authorities was to find out if there was the possibility of contamination occurring in other sources, whether food or water. A test on a sample of water from the spring in the western Petit Valley area revealed the presence of cholera, which has claimed the lives of hundreds of people in an epidemic in Latin America over the past year.

So far, the Ministry of Health has not found any confirmed or suspected cases of the disease here. Trinidad and Tobago was put on a cholera alert more than a week ago, following the discovery of cholera cases in nearby Venezuela.

The Trinidad GUARDIAN on Monday reported that public health authorities had ordered Petit Valley residents to stop using the spring. The spring, accessible only via a narrow dirt track that leads deep into the mountainside, is the main source of water for a large number of families living along the hillside. Residents said they were forced to use the spring water because they have no pipe- borne water.

Dougdeen said the Health Ministry was keeping in close contact with other Caribbean countries which have been put on a cholera alert.

BANGLADESH

Correspondents Briefed on Health Situation

92WE0146A Dhaka THE BANGLADESH OBSERVER
in English 31 Oct 91 p 10

[Text] The intensity of attack and number of deaths by diarrhoeal diseases in the northern districts of the country are coming down, Health and Family Welfare Minister Chowdhury Kamal Ibne Yusuf said in Dhaka on Wednesday, reports BSS.

"The government has launched its biggest ever health operation to contain the hazardous health situation in the northern districts caused by the post-flood condition" he told the Bangladesh overseas Correspondent's Association (OCAB) at a briefing session.

The Health Minister said so far 2,237 persons died of diarrhoea in the northern and some other districts since 1 September, this year, while the number of people attacked by the disease during the same period stood at 163,691.

Mr. Yusuf said outbreak of the disease was a common feature in the country after floods and added that the situation was now fully under the control of the government.

There is satisfactory stock of medicines for the purpose and many medical teams are working in the affected areas, he said.

Speaking about the overall health policy of the government, the Health Minister said primary health care to all constituted the cornerstone of the government's health policy. He said 100 projects including 53 new ones would be taken up during the current fourth Five-Year Plan to meet the objective.

He said Taka 2,777 crore had been earmarked for development of the health sector during the period of which 4.5 percent for population control and 2.8 percent for health care would be spent out of a total 7.3 percent of the budget meant for health and population control.

The Minister said the government was receiving good response from World Bank and donor nations for assistance in the health sector since a democratic government had now been installed in the country.

He said that a new health policy for securing a better health and family welfare condition was on the anvil.

Replying to questions, the Minister said the people of the country had rejected the health policy of the previous autocratic regime and the present democratic government was formulating such a policy that would be in conformity with the aspirations of the people.

He told a questioner that the government would not allow marketing of harmful drugs in the country and said

it would encourage foreign investment here and operation of the multi-national companies for production of beneficial drugs. [Passage omitted]

INDIA

Kala Azar Said Out of Control in Bihar

92WE0250A New Delhi PATRIOT in English
18 Dec 91 p 5

[Article: "Bihar Fails To Control Kala Azar"]

[Excerpt] Health Minister Makhan Lal Fotedar on Tuesday accused the Bihar Government with failing to fulfill any commitments in regard to controlling the dreaded disease Kala Azar reports PTI.

Replying to supplementaries during Question hour in the Lok Sabha, he said that during his disease, visit to Bihar when he toured areas affected by the disease, the Chief Minister admitted lapses on the part of the State Government to check the disease.

The minister said that the State Government had even failed to declare 'Kala Azar' a notifiable disease which would help control the disease. This had happened in spite of the Chief Minister's assurance to him two months back that it would immediately be done.

When Nitish Kumar (JD) said that the minister was accusing the Bihar Government, Mr. Fotedar said that he was stating the facts and not making any accusations. The member said that the Laloo Prasad Government should not be held responsible for the incidence of the disease as the State Governments since 1982 had not implemented a programme suggested by the Planning Commission then to check the disease.

The Minister said that during this year so far 652 persons have died due to Kala Azar in the State while 44432 cases have been reported in the State. Mrs. Krishna Sahi (Cong) said that in reality the cases and deaths might be at least 10 times more. [Passages omitted]

Cerebral Malaria Spreading Among Tribals

92WE0249A Calcutta THE STATESMAN in English
31 Dec 91 p 9

[Article: "Malaria Kills Tribals"]

[Text] Tonto (Singhbhum West), Dec 30—Cerebral malaria, which had killed at least 19 people and affected hundreds of villagers in the Kolhan region during the past three weeks, is now on the rampage in new areas, despite the district officers' claim that it was under control. Most of the deaths reported so far have occurred in the interiors of this tribal block, deprived of all basic health amenities.

The apathy of the authorities, insensitivity of the elected representatives and tribal ignorance have led to the disease assuming epidemic proportions. Even Mrs.

Rajbala Verma, the district deputy commissioner, said that the lack of development activities and negligence of the local medical staff were the main reasons behind the woe of the tribals. She acknowledged that over 40 percent of the population had already contracted the disease.

Though Mrs. Verma claimed that only five people had died so far and the epidemic had been brought "under control", the villagers and members of the medical team attending on hundreds of suffering tribals said that at least 19 people, including 17 children, had fallen victim to cerebral malaria since December 13, when the first death was reported from Sankuchiya village. While eight deaths were reported from Sankuchiya and six from Barakuchiya, the remaining victims were from Turchu, Kaniva, Hathimora, Bamebasa and Puranapani. During the past few days the disease had spread to new areas including Ulibaratola, Nakahasa, Banaikera, Nimdi, Rampusi and Garahatu.

According to the doctors from the ACC factory at Jhinkpani, most of the villagers are "not only feeble but susceptible to various diseases as, in the absence of work and food, they are forced to go without any nutrient". They pointed out that most of the patients complained of stiff necks, aches in the body, high fever and lack of appetite, and died within a couple of days after falling ill. A 60-year-old tribal woman bled to death recently when she constantly struck her head against the floor in order to get some relief from her sufferings.

It was learnt from the villagers that the local medical staff were deliberately suppressing the casualty figures and misleading the deputy commissioner to conceal their shortcomings. Even three weeks after the outbreak of the disease, the authorities are yet to provide the villagers with medicines and food. Though a medical camp was opened in the village school on December 20 and a lady doctor from Jhinkpani posted there to attend to the patients round-the-clock, she seldom visited the village. What is surprising is that while Mrs. Verma visited the affected areas to assess the situation on December 22, the district civil surgeon and his subordinates are yet to make a round.

The villagers complained that though Mrs. Verma had assured them a week's ration and clothes, nothing was done. When this correspondent visited the camp on Friday, it was found that a few affected children were waiting for a handful of corn soya meal, which is being provided to them once a day by the district authorities. A 35-year-old woman from Sankuchiya, alleged that only a few children were given food. On the other hand, an employee of the district malaria department, camping in Sankuchiya, said that in the absence of adequate medical supplies from Chaibasa his work has been restricted to only distributing DDT in the affected villages.

A villager said that few officials from the ACC had come to their village on Friday to distribute old clothes which the villagers refused to accept. This incident has given

rise to resentment among the villagers, who accused the district administration of treating them like beggars. Another factor which has caused disappointment among the villagers is that none of their elected representatives has even bothered to inquire about their plight. Under such circumstances, it is feared that unless the administration initiates immediate action, the situation may soon go out of hand, resulting in a huge loss of innocent lives.

Foot-and-Mouth Disease Under Control in South

92WE0251A Madras *INDIAN EXPRESS* in English
13 Dec 91 p 4

[Article: "Foot and Mouth Disease Contained in South"]

[Excerpt] Madras—A dramatic ten-fold reduction in the incidence of the major livestock scourge, foot and mouth disease, has been achieved over the last seven years in the southern region.

The Foot and Mouth Disease Control Project (FMDCP) launched by the National Dairy Development Board under the Operation Flood Dairy Development Programme in 1984, has succeeded in reducing the number of outbreaks from 3,000 in 1984 to 347 in 1990-91, in the three southern states of Tamil Nadu, Kerala and Karnataka. In terms of economic savings this amounts to a substantial Rs. 340 crore over the seven year period.

The project entails administration of regular vaccinations every six months to all susceptible livestock in the 29 districts covered by the project. Crossbreeds and imported high-yield breeds are the most susceptible and need constant monitoring. [passages omitted]

IRAN

Over 40,000 Malaria Cases in Sistan

92WE0243C Tehran *ABRAR* in Persian 31 Dec 91 p 10

[Boldface words as published]

[Text] **More than 40,000 people are afflicted with malaria in the province of Sistan and Baluchestan.**

Yesterday, Dr. Shahriari, the deputy minister of health, treatment, and medical education in the province of Sistan and Baluchestan and president of the Zahedan Medical Sciences University, announced this statement during a one-day seminar on malaria in Zahedan and added: This figure reaches 70,000 if the patients in the remote regions that have no access to health centers are counted.

Referring to the spending of billions of rials in funds to control and harness malaria in Baluchestan, he added: Unfortunately, the fact that the border is open to illegal traffic, especially in the Iranshahr region, the harsh roads and the scattered location of the villages in Baluchestan, economic poverty, the low level of literacy, and lack of

proper health and treatment resources in some rural regions are some of the factors contributing to the lack of success in controlling malaria in this province.

According to this report, during the continuation of this seminar, Dr. Asadi, the deputy director for health of the province, also announced in a report: The percentage of the advancement of malaria in the province of Sistan

and Baluchestan is 52 percent compared with other provinces of the country. This figure will be considered a tragedy for the country in the future.

He added: If this trend continues, given the traffic from the region, there is the threat of the future spread of malaria to other provinces of the country.

A Case of Tularemia in Kiev Oblast

92WE0188B Kiev VRACHEBNOYE DELO in Russian
No 3, Mar 91 (manuscript received 16 Apr 90) pp 103-104

[Article by V. V. Gebesh, I. V. Aleksandrova, and D. A. Bugera, Kiev Institute for Advanced Training of Physicians, under the rubric "Clinical Cases"; UDC 616.981.455-036.23]

[Text] Tularemia is a rather widespread infectious disease characterized by a serious and protracted course, with marked intoxication, fever, development of lymphadenitis and lesions to the skin, mucous membranes and lungs. According to WHO data, the disease is widespread in many countries of Europe, America, Africa and Asia. In the USSR, tularemia sites were found in 14 Union republics. In 1989, 11 cases of tularemia among humans were recorded in the Ukrainian SSR.

The endemic localization of distribution and sporadic nature of tularemia cases, polymorphism of clinical symptoms and diversity of localization of the morbid process often cause considerable diagnostic difficulties, as a result of which patients are not treated appropriately and the necessary preventive measures are not carried out at the proper time. Diagnostic errors arise most often at the early stage of the disease when, instead of tularemia, the diagnosis is made of influenza, upper respiratory infection, typhoid fever or typhus, malaria or pneumonia is often made instead of tularemia, and at later stages, depending on the clinical manifestations, the diagnosis is diphtheria, Vincent's angina, nonspecific or tuberculous lymphadenitis, brucellosis, anthrax, bubonic plague. Occasionally, the generalized (abdominal) form of tularemia is mistaken for typhoid fever or typhus, brucellosis, or sepsis. We describe here a case of ulcerative-bubonic tularemia diagnosed at a late stage in Brovarskiy Rayon of Kiev Oblast.

Patient L., 34 years old, was admitted to the infectious department of the Central Rayon Hospital on 28 July 1989 with complaints of prolonged fever of 39-40°, weakness, tender round lump in the right axillary region, unhealing ulcer in the region of the right forearm. He has been in the Sverdlovsk Oblast Hospital since 26 June; he was stung by a horsefly while mowing hay in the region of the lower third of the right arm. He has felt sick since 10 July, when a cyanotic blister developed at the site of the bite, it burst soon thereafter forming a small ulcer that would not heal for a long time. On 11 July there was sudden onset of chills, with development of weakness, pain in the right axilla, and headache. The lymph nodes of the right axilla rapidly increased in size to 3 cm in diameter, which limited his arm to abducted position. In view of the severity of his condition, he was admitted to the District Hospital, was given penicillin intramuscularly and hemodes [povidone] intravenously. He was discharged in a slightly improved condition on 19 July, with the diagnosis of ORVI [acute respiratory viral infection]. After returning to his home (Kiev Oblast), on

24 July he sought help at the polyclinic. He was examined by an internist, surgeon, oncologist, neurologist, otolaryngologist and infectious disease specialist. He was referred for treatment to the infectious ward with the diagnosis of "febrile state, lymphadenitis."

Upon admission, the patient's general condition was relatively satisfactory, temperature was 36.9°. There was an ulcer with a hemorrhagic crust up to 5-6 mm in diameter in the lower third of the right arm. The surrounding tissue was edematous with a cyanotic-red ring. In the right axillary region there was an enlarged lymph node, 3.5-4 cm in size, which was firm, adherent to underlying tissues, showing signs of moderate periadenitis, which was tender to palpation. Pulse 84/min, rhythmic. Heart sounds were dull, rhythmic. Blood pressure 120/70 mm Hg. Lung findings: vesicular respiration, 18 excursions per minute. The tongue was moist, but not coated. The buccal mucosa was slightly hyperemic, and vessels were injected. No abnormalities of the tonsils. The abdomen is soft, tender to palpation in the right subcostal region. The liver protrudes 1 cm beyond the costal arch, and the spleen was not palpated. Negative Pasternak symptom. No meningeal signs.

On the basis of the clinical-epidemiological data of this patient, the diagnosis of ulcerative-bubonic tularemia was made. Serological blood serum test on 29 July agglutination occurred immediately in the blood-drop reaction. Serum agglutination with tularemia diagnosticum was positive when tested dynamically (in titers of 1:200 and 1:400). Hematology (24 July): erythrocytes $3.8 \times 10^{12}/l$, hemoglobin 136 g/l, leukocytes $10.0 \times 10^9/l$, eosinophils 2 percent, stab nuclears 7 percent, segment nuclears 63 percent, lymphocytes 26 percent, monocytes 2 percent, erythrocyte sedimentation rate 30 mm/h; 31 July: erythrocytes $3.7 \times 10^{12}/l$, hemoglobin 128 g/l, leukocytes $7.2 \times 10^9/l$, eosinophils 4 percent, stab nuclears 4 percent, segment nuclears 60 percent, lymphocytes 28 percent, monocytes 4 percent, erythrocyte sedimentation rate 30 mm/h. No abnormalities in urine.

After 10 days of treatment with streptomycin, the patient's temperature reverted to normal, pain disappeared from the right axillary region, the lymph node diminished to 1.5 cm in diameter, and he had no complaints. He was discharged on 8 August in satisfactory condition.

Two weeks later, the patient's condition worsened again, he developed pain in the right axillary region, a lymph node increased to 5 cm in diameter. He was again hospitalized on 24 August in the infectious ward. Temperature was 37°. There was pigmentation at the site of the ulcer in the right forearm. A bubo in the right axillary region 5 cm in diameter was adherent with underlying tissues and tender to palpation. The skin over it was hyperemic. He received antibiotic therapy in the following order: gentamycin for 10 days, metacycline 10 days, benemycin 7 days. Stimulating (ATsS—antireticular cytotoxic serum) and symptomatic therapy

was also administered. In view of appearance of fluctuation in the center of the bubo it was punctured. A total of 15 ml of grayish-yellow, creamy pus was withdrawn; 1 ml in active units of streptomycin was injected in the bubo. In spite of treatment, the bubo did not diminish in size and remained tender. It opened spontaneously on 11 September. Pus was discharged for the next 2 weeks, after which there was cicatrization of the bubo, which was 1.5-2 cm in size at the time of discharge.

Dispensary follow-up of the patient for 3 months revealed completely restored work capacity, he felt well. The sclerotic lymph node in the right axillary region is enlarged (1.5 cm in diameter).

This case of tularemia confirms the late detection and treatment of tularemia patients. Many physicians are not alert to this disease, and they do not make adequate use of epidemiological history and specific laboratory diagnostic tests, particularly in the presence of lymphadenitis of unclear genesis, when examining patients suspected of having tularemia.

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Supreme Soviet Instructs Commission To Investigate Epidemic

LD1002183792 Moscow TASS in English
1609 GMT 10 Feb 92

[Article by UKRINFORM-TASS correspondent Vladimir Palekh]

[Text] Chernovtsey February 10 TASS [as received]—The new commission, which has just completed its work here, was unable to confirm or deny the already made expert conclusions on the reasons for the August 1988 alopecia epidemic in Chernovtsey, which had afflicted hundreds of children.

On instructions from the Ukrainian Supreme Soviet, the republican Health Ministry and the Ukrainian Academy of Sciences have set up this commission to look thoroughly into the matter.

The perfidious disease not only produced baldness, but caused serious functional disorders also. Its aftermaths are still being felt, keeping both children and adults in constant tension. Since the reasons of the disease have still not been learned (most credible is the chemical version), it is feared that the epidemic may reoccur.

The commission included scientists, practicing medics and ecologists. They have again summed up all the previous studies and analysed the medical records of the patients. The conclusions, drawn by the previous government commission, experts believe, are scientifically unfounded and have failed to withstand the test of time. Unfortunately, experts of the World Health Organisation, who worked in Chernovtsey, were also unable to solve the problem.

The commission gave several recommendations to improve the sanitary situation in the city. It suggested, for instance, the creation of a children's medico-ecological dispensary. The nutrition of former alopecia patients will be improved and they will be provided with necessary medicines. Measures are being elaborated to improve the health of children at special sanatoria, rest homes and boarding houses.

Trichinosis Outbreak in Moscow

92WE0351A Moscow KOMSOMOLSKAYA PRAVDA
in Russian 20 Mar 92 p 1

[Article by A. Monakhov: "Epidemic in Moscow"]

[Text] It became known 2 days ago that an outbreak of trichinosis, an incurable disease caused by worm-infested meat, occurred in Moscow. Pork and lard purchased at the capital's Cheremushkinskoye Market in early February was the origin of the disease.

Will someone answer for negligently, carelessly, or deliberately allowing the sale of infected products?

Gennadiy Ponomarev, the capital's procurator, said that he was first informed of the incident at the Cheremushkinskoye Market by a KOMSOMOLSKAYA PRAVDA correspondent, and that he intends to immediately instruct his subordinates to check out the report.

"In general when we encounter mass poisoning of people and if their lives are placed in jeopardy," he declared, "we institute criminal proceedings."

"We haven't filed a food poisoning case in the last 2 or 3 years. I believe the last cases were the poisonings at Moscow State University and at some school. If it does in fact turn out that the corpus delicti exists, imposition of Article 172 of the Russian Criminal Code—criminal negligence—becomes fully probable."

Conflict, Health Problems in South Ossetia

LD2403173492 Moscow TASS International Service
in Russian 0930 GMT 24 Mar 92

[Article by ITAR-TASS correspondent Valeriy Shanyayev]

[Excerpt] Vladikavkaz, 24 March (TASS) [Passage omitted] "However, at the present time we are worried—perhaps more than by the shelling—by the sanitary and epidemiological situation in the administrative center," Torez Kulumbekov, chairman of the Supreme Soviet of the South Ossetian Republic, told the ITAR-TASS correspondent. "The hospital in Tskhinvali is overflowing with people suffering from dysentery—more than 160 people are currently registered as such. It is not known how many sick people are at home. Doctors consider the cause of the deterioration in the epidemiological situation to be the stoppages in the operation of the main water pipe and the intensive melting of the snow on the mountain slopes; the water in local springs

is very polluted. The situation is complicated by the fact that there is a catastrophic shortage of medicines and special vaccines."

At the same time economic problems and matters of essential services are still acute in Tskhinvali. All of the surrounding roads via which foodstuffs reached the administrative center from Vladikavkaz are controlled by the Georgian side. The Dzhaba-Tskhinvali route can only be travelled on if escorted by armored vehicles and subunits of the internal forces.

Outbreak of Hog Cholera Hits Kaluga Oblast

LD2801162892 Moscow IZVESTIYA in Russian
27 Jan 92 Morning Edition p 2

[Report by Arnold Pushkar: "Dangerous Outbreak of Animal Disease in Kaluga Oblast"]

[Text] On the "Kaluzhskoye" subsidiary farm of the former USSR KGB, 35 hogs suddenly died. Experts from the rayon and oblast veterinary service, arriving at the closed farm in response to an alarm call, established a diagnosis: classical hog cholera.

Under the leadership of N. Baskakov, the oblast's chief veterinarian, vigorous measures were adopted to prevent further deaths of animals and the spread of the disease around the district. Some healthy animals (about 3,000) were slaughtered and are being processed in the farm's sausage plant and at the Kaluga Meat Combine. All the rest of the animals were inoculated against cholera. Intensive work is under way to disinfect and refurbish the livestock raising premises. A militia post has been set up on the farm.

As G. Musoyan, deputy chairman of Kaluga's "Agro-promsoyuz," explained, according to the findings of a

commission of experts the source of infection was feed imported from other regions of the country, which is sometimes of poor quality, and the widened economic ties. Wild fauna is unfortunate in this respect. In the forests of Moscow Oblast cases of cholera have been recorded in wild boar. On the closed farm of the former KGB only two veterinary technicians were working with 4,500 hogs, one of them in the capacity of chief veterinarian.

The material damage has not yet been calculated. But the case prompts vigilance. Whatever happens in the country, the veterinary service must always be on the alert. And no one is entitled to hinder it in the punctilious execution of its duties.

Cattle Plague Strikes in Tuva Republic

PM2901111792 Moscow ROSSIYSKAYA GAZETA
in Russian 27 Jan 92 First Edition p 4

[Marina Ryklina report under the "Emergency" rubric: "Cattle Plague in Chita Oblast"]

[Text] A total of 850 yaks have died from a plague in the "Sixty Years of the USSR" Sovkhoz in the village of Mugur-Aksy in the Republic of Tuva. Specialists assert there has not been a cattle plague in Russia since the 1920's.

Mass vaccination of cattle and sheep is being carried out today in extremely difficult conditions, made more difficult by the temperature, which is in the minus forties.

Civil Defense forces are taking part in work to eliminate the epidemic. The carcasses of the animals are being taken to places far from populated areas and burnt using napalm. A quarantine has been established in a number of rayons in the oblast. The threat of a further spread of the epidemic remains great.

CANADA

Health Ministry Posts Travel Warning

SK3001070992 Seoul YONHAP in English 0526 GMT
30 Jan 92

[Text] Seoul, Jan. 30 (YONHAP)—The Health and Social Affairs Ministry has issued a travel advisory for Canada due to an outbreak of meningococcal meningitis, a legal transmittable disease.

The Canadian Embassy in Seoul has notified the government that 13 people died of the infectious disease in Canada in January alone, a Ministry spokesman said.

"Children and young adults are prone to catch meningitis in winter and spring by means of physical contact and respiratory organs," the spokesman said.

Meningitis is an inflammation of membranes in the brain and spinal cord with bacteria.

It is infectious and the symptoms are headaches, vomiting and pink spots on the skin accompanied by blisters. The disease is passed to healthy persons through bodily secretions.

DENMARK

Copenhagen Hospitals Hit by Rare Viral Infection

92WE0258D Copenhagen BERLINGSKE TIDENDE
in Danish 30 Jan 92 p 1

[Article by Merethe Dahlin: "Diarrhea in Hospitals"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] "We have never experienced anything like it," says Chief Physician Jorgen Rosenbeck-Hansen about a disease that is spreading in Copenhagen hospitals.

Both patients and personnel at Copenhagen hospitals are sick with vomiting and diarrhea. It is presumed to be a virus which spreads with the speed of lightning. "We have never experienced anything like it," says the chief physician of the Municipal Hospital in Copenhagen, Jorgen Rosenbeck-Hansen, who sends out daily reports on the situation to the management of the other Copenhagen hospitals.

"We think that it is a virus that is rarely found in this country. The infected persons suffer from vomiting, and/or diarrhea, but the disease is over in one or two days," says Dr. Rosenbeck-Hansen.

The disease has spread quickly from the Hvidovre Hospital, which is just rid of it. Now, patients and personnel at the Bispebjerg Hospital, the State Hospital, and the Municipal Hospital suffer from the disease. The Municipal Hospital is the hardest hit. "It spreads like wildfire in dry areas—bang—and it is suddenly in full force. At the Municipal Hospital we had one case on 12 January.

Five days later, 22 people had the disease, and this week, we have had 20-40 cases a day," says Dr. Rosenbeck-Hansen.

No one has died from the disease, and even older people have managed by drinking a lot of liquid.

"We have taken extensive measures in order to contain the disease within the hospitals—for example through home aides—and that evidently succeeded. The infection only occurs through vomit and feces, so everybody is told to quickly wash laundry that may have been in contact with vomit and feces and to wash their hands frequently," says Dr. Rosenbeck-Hansen.

Agency Warns Sjaelland Flu May Become Epidemic

92WE0259B Copenhagen BERLINGSKE TIDENDE
in Danish 1 Feb 92 p 2

[Article by Bent Sorensen: "Virus Hits Schools and Workplaces"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Many areas in Sjaelland are being hit by a virus that has caused absenteeism in schools and workplaces. Many young children have been admitted to hospitals.

An influenza-like virus disease is currently raging in many areas of Sjaelland, and the National Serum Institute fears that an epidemic may be brewing.

Until now, the Naestved and Roskilde areas have been the hardest hit with hundreds of families being stricken by various types of viruses with symptoms of headache, coughing, and, in many instances, a couple of days with high fever.

The National Serum Institute has not yet been able to record that this is an influenza epidemic. "But it may be in the process of becoming an epidemic. We have received many notices from practicing doctors about an increase in the cases of the disease," says Anne-Marie Plesner of the National Serum Institute.

The children's wards of the hospitals in Naestved and Roskilde have notified the National Serum Institute about an unusually high number of cases of very young children being admitted with serious symptoms due to a particular RS-virus.

"During the last two weeks, we have had up to 20 cases of children under the age of 1 being admitted, and these children have been extremely weakened by the infection," says Soren Krabbe, chief physician of the children's ward of the Central Hospital in Naestved.

Among the youngest children, the disease starts as a slight cold that can develop into coughing with much mucus and thereby cause respiratory problems.

"If the very young children have wheezing and respiratory problems, as well as coughing they cannot handle

themselves, the parents must immediately consult a doctor or go to the hospital," says Soren Krabbe.

The RS-virus mainly attacks the air passage and can cause both bronchitis and pneumonia. At the same time, many other virus types are involved.

"Currently, we see many examples where entire families are bedridden, and on the local level, it is an epidemic," says Dr. Hilbert Skott, Naestved.

During the week, many schools and workplaces in the Naestved and Roskilde areas have been hit by absenteeism. At the Karrebaek School in Naestved, 75-80 students and eight teachers were sick in bed last week. Other schools have examples of classes where only two students showed up.

"The virus disease cannot be treated with penicillin, but will be cured by the body's protective immunity. Even if one does not feel well, one must drink a lot of liquid, either water, weak tea, or juice," says Dr. Skott.

Aujeszký's Swine Disease Believed Eradicated

92WE0285C Copenhagen *BERLINGSKE TIDENDE*
in Danish 24 Jan 92 p 2

[Article by Henrik Tuchsén: "Dreaded Swine Disease Eradicated—first paragraph is *BERLINGSKE TIDENDE* introduction]

[Text] Aujeszký's swine disease has for years cost the country millions.

Danish slaughterhouses expect that the dreaded air-carried swine disease, Aujeszký's, is a closed chapter for Danish swine production.

For the first time in 10 years there has not been an outbreak or a suspicion of Aujeszký's in December.

When the disease breaks out many pigs die, costing the farming sector up to 50-100 million kroner. Bent Kirkegaard, deputy director for the Danish Slaughterhouses Veterinary Department, says: "We now believe that we got rid of the disease which is air-carried and which previously came to Denmark from the south when the weather was damp. And the weather has not been different this year. This is why it seems to have been a sensible investment we made a couple of years ago."

In 1990, the Slaughterhouses put 10 million kroner in a joint Danish/German vaccination program 10 kilometers into north Germany in order to block the infection and create an Aujeszký's-free zone. The year before, an outbreak of the disease had cost 90 million kroner, while last year there was only one case of the disease. The Germans have now decided to expand the vaccination zone.

Moreover, the so-called "mysterious swine disease" that has brought on great economic losses in Holland, Germany, and Belgium is decreasing.

UNITED KINGDOM

Avian Influenza Diagnosed in Norfolk Turkeys

92WE0276 London *THE DAILY TELEGRAPH*
in English 21 Jan 92 p 2

[Article by David Brown]

[Text] Avian 'flu, an infectious and often fatal disease which can spread rapidly through commercial poultry flocks, was confirmed in Norfolk yesterday by the Agriculture Ministry.

Movement restrictions were imposed on all poultry units within a 6.2 mile (10 km) radius of a turkey farm southwest of Norwich run by Bernard Matthews, one of Britain's biggest producer-processors, where 7,000 turkeys died in an incident before Christmas.

The company, which has 21 farms, is based at Great Witchingham Hall, near Norwich. It originally suspected that poisoning was the cause.

People are not at risk but, as part of measures to prevent the disease spreading, no poultry will be allowed in or out of farms in the restricted area without a licence. All vehicles used to transport poultry must be disinfected.

Poisoning had been suspected by the company but was ruled out yesterday by the Ministry.

Mr. Matthews, the company chairman, became a household name with personal appearances in television commercials using the catchphrase "it's bootiful" to promote his Norfolk meat products.

Mr. David Joll, managing director of Bernard Matthews plc and chairman of the British Turkey Federation, said last night: "We have not seen anything like this incident before and that is why we have been continuing our own investigations into the cause."

He said they wanted to make sure they knew exactly what it was. "There have been no further deaths since before Christmas and there are no signs of the disease on our farms now."

"The restriction has been placed as a precaution and I understand that it may be lifted again by Thursday... There will be no shortage of turkeys and no shortage of Bernard Matthews products."

Avian 'flu, one of a group covered by Fowl Pest regulations, is an illness which causes breathing problems, loss of appetite and frequently proves fatal to birds.

People are not at risk, the Ministry said. "Avian influenza is an infectious disease affecting birds only. It does not affect human health."

The last outbreak was in Norfolk in 1979 when 9,000 birds were slaughtered.

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